APR 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2819

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 2304 N 15th St. St. ..... Ward)

2. FULL NAME Elizabeth Harms

(a) Residence, No. 2304 N 15th St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Harms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1866

7. AGE 68 YEARS MONTHS 9 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Strubel Harms

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr August Harms 2304 N 15th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Crematory DATE March 29, 1935

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E Fair ave

20. FILED MAR 27 1935 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1929 to March 25, 1935

I last saw her alive on March 25, 1935. Death is said to have occurred on the date stated above, at 5:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	2 yrs
Other contributory causes of importance:	
Diabetitis	3 yrs

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Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Reinsdahl Paester, M. D.

(Address) 3314 S Grand Blvd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] Reinhold Bassett
3314 S Grand Blvd
Prospect 6688
Res Laclede 6922
9 to 12 A.M