

1 APR 9 1935

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

Do not use this space.

11245

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3851 - Giles) St. 16 Ward 16

File No.....
Registered No. **2902**
St. 16 Ward 16

2. FULL NAME

(a) Residence, No. 3851 - Giles St., 16 Ward. (If nonresident, give city or town and State)

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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Bower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 9

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

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

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) Hannibal, Mo.

13. NAME Fred Wallner

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

15. MAIDEN NAME Susan Fogata

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

17. INFORMANT (ADDRESS) Robert Bower
3851 - Giles

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Hannibal, Mo. Mar 29 35

19. UNDERTAKER (ADDRESS) Wacker - Elderly
2331 Broadway

20. FILED APR 28 1935 St. Predeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 35

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Mar 27, 1935.
Last saw h. or alive on Mar 27, 1935. Death is said to have occurred on the date stated above, at 2:45 p. m.

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

Arterio Sclerosis Heart Nephritis Chronic Intestinal Myocarditis Chronic

Other contributory causes of importance: 131

Cardiac Dehydration Cont 1 day

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? no
If so, specify.....
(Signed) J. Simpson, M. D.
(Address) St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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