

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

Do not use this space.

JUN 4 1935

14217

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City Normandy, Mo. (No. Mother of Good Counsel Home St. _____ Ward _____)

File No. _____
 Registered No. 110

2. FULL NAME Rosa Mederer
 (a) Residence, No. 3419 Itaska Str. St. _____ Ward _____
 (Usual place of abode) (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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10th 1901</u>		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>11</u>
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>St. Louis, Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/1935

22. I HEREBY CERTIFY, That I attended deceased from 7/26/1934, 19____, to 4/28/1935, 19____.

I last saw her alive on 4/28/1935, 19____. Death is said to have occurred on the date stated above, at 12:30am.

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

Chr. parenchymatous nephritis, general anasarca, many abdominal paracentesis.

Date of onset ?

Other contributory causes of importance Cardio-vascular-renal-disease, General anasarca, uremia, uremic coma.

Name of operation cli. & Lab. Date of _____

What test confirmed diagnosis? NO Was there an autopsy? NO

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
FATHER	13. NAME <u>Joseph Mederer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anna Sandheimer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Jos. C Mederer</u> <u>3419 Itaska Str.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SS Peter & Paul Co</u> DATE <u>5/1/1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Seligson & Co.</u> <u>2812 Meramec Str.</u>		
20. FILED <u>4-30-35</u> <u>W. A. Baehner</u> Registrar.		

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 _____ 4/29/35
 (Signed) J. B. Timm, M. D.
 (Address) 3718 Jennings Rd.

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.

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

