

JUN 12 1935

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

Do not use this space.

18287

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1093**
City *St. Louis, Mo.* No. *3847 Holy Hills Blvd.*

File No. **4635**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *3847 Holy Hills Blvd.* 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *July 12*, 19*34* to *May 23*, 19*35*. I last saw her alive on *May 23*, 19*35*. Death is said to have occurred on the date stated above, at *4:30 p.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 24 1856*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *78 8 29*

Broncho Pneumonia Date of onset *4/18*

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

Other contributory causes of importance:
Diabetes Mellitus
Chronic Hypertension
Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

Name of operation..... Date of.....
What test confirmed diagnosis? *Fluorid* Was there an autopsy? *No*

13. NAME *H. Zuermuelken*

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)

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

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

15. MAIDEN NAME *Unknown*

Manner of injury.....
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....

17. INFORMANT (ADDRESS) *John J. Binkley*
3847 Holy Hills Blvd.

(Signed) *H. J. Decker* M. D.
(Address) *837 W. Lincoln Blvd.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valley* DATE *May 27 1935*

19. UNDERTAKER (ADDRESS) *H. F. Paschedag*
2825 A. Signs Blvd.

20. FILED *MAY 24 1935* 19 *J. Bruderk* Registrar.

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.

