

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.

JUN 28 1935

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

Do not use this space.

18547

1. PLACE OF DEATH

County St Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City French Mo (No. Koch Hospital) St. _____ Ward _____

File No. _____

Registered No. 181

2. FULL NAME

(a) Residence, No. 1206 Benton St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 18 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 22 1911</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry of business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
FATHER	13. NAME <u>Joseph Antmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
MOTHER	15. MAIDEN NAME <u>Frances Boltzer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
17. INFORMANT (ADDRESS) <u>Koch Hospital Board</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 22 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Ed Koch 135 16 St. 14 St</u>		
20. FILED <u>May 20 1935</u> <u>L. Mowrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to May 19 1935
I last saw her alive on May 18 1935 Death is said to have occurred on the date stated above, at 12:25 m.
The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary tuberculosis Date of onset Jan. 1930

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? Sp. test Was there an autopsy? yes

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) Paul Murphy, M. D.
(Address) Koch Mo

