JUL 27 1935

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

Do not use this space.

24280

File No.

Registered No. 171

1. PLACE OF DEATH

County: St Louis — Registration District No. 789

Township: Central — Primary Registration District No. 6033

City: (No. Dr Turner Hospital St. Ward)

2. FULL NAME: Elizabeth Sophie Meder

(a) Residence, No. 5356 Helena St., 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: John N. Meder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14 1855

7. AGE: Years 80 Months 4 Days 25 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): Quincy Ills

FATHER

13. NAME: Henry Stumpe

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

MOTHER

15. MAIDEN NAME: Mary Price

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

17. INFORMANT (ADDRESS): John N. Meder 5356 Helena

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary Cemetery DATE: July 9 1935

19. UNDERTAKER (ADDRESS): Fred Bode 3029 Lafayette

20. FILED: 7-8 1935 W. A. Bachmann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1935, to 7-7, 1935

I last saw her alive on 7-7-35, 19.... Death is said to have occurred on the date stated above, at 12 01 a.m.

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

	Date of onset
Generalized arteriosclerosis	
" " senile dementia, Chr.	
interstitial nephritis,	

Other contributory causes of importance:

Uremia, uremic coma, extreme senility age 81

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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) Luke O. Timm 7/8/35, 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