

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

Do not use this space.

SEP 16 1935

28234

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. Lutheran Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 7373 Ward.....

**2. FULL NAME** Selma Immenhausen

(a) Residence, No. 1653 S. Spring St. 17 Ward.....  
(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. (If nonresident, give city or town and State)

**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 Otto Immenhausen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>63</u>	<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hskw. at 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) Illinois

13. NAME Julius Zimmerman

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

15. MAIDEN NAME Anna Losehand

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

17. INFORMANT (ADDRESS) Otto Immenhausen 1653 S. Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 9-2-35

19. UNDERTAKER (ADDRESS) Wentzky & Co. 1327 2 2nd

20. FILED 1935 J. Bredeck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-35, 19

I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to Aug 30, 1935.  
I last saw her alive on Aug 29 at 3:15 PM, 1935. Death is said to have occurred on the date stated above, at 3:15 PM.

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

Leucosarcoma of the Uterus  
40  
Date of onset June 19 35

Other contributory causes of importance:  
Metral insufficiency  
Chr. Myocarditis

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 None (Signed) Geo W. Becker, M. D.  
(Address) Grand & Utah

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.

Part of Utah  
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