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

OCT 17 1935

Do not use this space.

30996

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 7788

**1. PLACE OF DEATH**

County
Township
City St. Louis, Mo. (No. 3728 Nebraska St. Ward)

**2. FULL NAME** Waffenschmidt, Mrs. Fredericka

(a) Residence, No. 3728 Nebraska Avenue St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Jacob Waffenschmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1849

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 85 | 8 | 20 | |

OCCUPATION

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

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) Westphalen, Germany

FATHER

13. NAME Gottlieb Tichler

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. Jacob Waffenschmidt 3728 Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 18, 1935

19. UNDERTAKER (ADDRESS) Bedemeier Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED SEP 17 1935 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1934, to Sept 15th, 1935
I last saw her alive on Sept 14th, 1935. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| Other contributory causes of importance: arteriosclerosis | |
| | |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) C. H. Baker M. D.
(Address) 3353 Nebraska Ave. St. Louis

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

100M-3-28-35

Dr. C. M. Barnes
3353 Nebraska
10-11 3-4 7-8