WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37204

File No. .....

Registered No. 195

1. PLACE OF DEATH DEC 20 1935

County St Louis — Registration District No. 785

Township Central — Primary Registration District No. 3037

City Kirkwood (No. St Agnes Home St. ..... Ward)

2. FULL NAME Teresa Immer

(a) Residence, No. Woodlawn & Manchester St., ..... 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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1869

7. AGE: Years 66 — Months — — Days — — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Ferdinand Immer

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

MOTHER

15. MAIDEN NAME Marie Veith

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

17. INFORMANT Albert P. Immer
(ADDRESS) 3800 Lindell Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Overton Mo DATE 11-29 1935

19. UNDERTAKER Arthur J. Donnelly & Co.
(ADDRESS) 3840 Lindell Blvd

20. FILED 11/28 1935 Agnes C. Kelly Deputy
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a.m.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | 3 |
| Chronic Glomerulo nephritis | |
| Chronic Pyelonephritis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Cardiac dilitation | 11/28/35 a.m. |
| Was in ok health home for the past year. | |

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 ..... 11/28/35

(Signed) Robert Hunter, M. D.

(Address) 8718 Jennings Rd.

Lawrence Lewis, Jr. M.D.