

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

15 Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

37487

File No.

Registered No.

St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Roberts</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 5, 1953</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>81</i>	<i>11</i>	<i>3</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Household</i>
	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)
*Germany*13. NAME
*Friedrich Beyersdorf*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Germany*15. MAIDEN NAME
*Louise Anderson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Germany*17. INFORMANT
Wm. H. Roberts
(ADDRESS)
*4319 Chippewa*18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Bernard's DATE
*Nov. 11, 1935*19. UNDERTAKER
Reidermanstein Funeral Home
(ADDRESS)
*1936 Grand Ave.*20. FILED
NOV 11 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
*Nov 8, 1935*22. I HEREBY CERTIFY, That I attended deceased from
*Nov 5, 1935 to Nov 8, 1935*I last saw *her* alive on *Nov 8, 1935* Death is saidto have occurred on the date stated above, at *5:45 P.M.*

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

Chronic Myocarditis
multifocal origin

Date of onset

17y.

Other contributory causes of importance:

Arterio Sclerosis, General

Name of operation

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?

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) *R.E. O'Connell*, M. D.(Address) *University Club Bldg*

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.

