

DEC 12 1935

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

Do not use this space.

791
1003

37676

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No.....
Priority Registration District No.....
(No. *St. Johns Hospital*)

File No.....
Registered No. *9649*
St. Ward)

2. FULL NAME

(a) Residence, No. *1905 John Ave.* St. *9* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

| | | |
|---|----------------------------------|---|
| SEX <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Schaefer</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 9/1886</i> | | |
| 7. AGE YEARS <i>49</i> | MONTHS <i>2</i> | DAYS <i>8</i> |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 17, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July*, 19*34*, to *Nov. 17*, 19*35*

last saw her alive on *Nov. 17*, 19*35* Death is said to have occurred on the date stated above, at *3 P.* m.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Home*

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

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

- Ch. Glomerular Nephritis*
- Myocardial Insufficiency*
- Hypertension (Malignant)*
- Anemia*
- Nephrosis*

Other contributory causes of importance:

- Atherosclerosis*
- Aneurysm*
- Atherosclerosis*

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

13. NAME *Charles Pfaff*

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

15. MAIDEN NAME *Elizabeth Baumann*

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

17. INFORMANT (ADDRESS) *William Schaefer, 1905 John Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Our Lady of Mercy Nov. 20, 1935*

19. UNDERTAKER (ADDRESS) *Math. Hermann & Son, 1161 E. Fair Ave.*

20. FILED *NOV 18 1935* *J. H. Bredeck* Registrar.

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? *no* 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 *None*
Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *John J. Hammond*, M. D.
(Signed) *John J. Hammond*
(Address) *1161 E. Fair Ave.*

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.

