

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.

41030

JAN 13 1933

1. PLACE OF DEATH

County.....

Registration District No. 1208

Township.....

Primary Registration District No. 4030 North 25th

City.....

St. Louis

File No. 10209

Registered No. 10209

St. Ward)

2. FULL NAME

(a) Residence, No. 4030 North 25th St., 20 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) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John (Eifers)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1898		
7. AGE YEARS 37	MONTHS 4	DAYS 4
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. huf
	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)
St. Louis Mo.13. NAME
John Eifers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany15. MAIDEN NAME
Julia Graves16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany17. INFORMANT (ADDRESS)
Mrs. G. Harpige 4030 North 25th Street18. BURIAL, CREMATION, OR REMOVAL PLACE
Bellefontaine DATE Dec. 5, 193219. UNDERTAKER (ADDRESS)
Math. Hermann & Son 1816 East Fair Ave.

20. FILED DEC - 4 1933 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1932 to 12-2-1932

I last saw her alive on 12-7-1932. Death is said

to have occurred on the date stated above, at 9:40 P.M.

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

Meningeal Meningitis

Date of onset

H8

Other contributory causes of importance:

Name of operation: Hep. Trepany Date of: end

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? No

If so, specify

(Signed) J. Bredeck, M. D.

(Address) 35-19 North 25th Ave

