

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

Do not use this space.

CERTIFICATE OF DEATH  
**MAY 7 1936 791**

17435

**1. PLACE OF DEATH**

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

Registration District No. **1003**

Primary Registration District No. ....

File No. ....  
Registered No. **4215**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *5373<sup>a</sup> Theodosia 6* Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William J. Hamblee*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-28-1867*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>68</i>	<i>4</i>	<i>18</i>	

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) *Ohio*

FATHER

13. NAME *Henry Fischer*

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

MOTHER

15. MAIDEN NAME *unknown*

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

17. INFORMANT (ADDRESS) *George Hamblee, 5373<sup>a</sup> Theodosia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Crematorium* DATE *Ohio 4-18-36*

19. UNDERTAKER (ADDRESS) *Reitz Bros, 3029 Lafayette*

20. FILED *APR 17 1936 J. Bredeck*

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-15-36* 19

22. I HEREBY CERTIFY, That I attended deceased from *Feb 5 1936* to *April 15 1936*  
I last saw her alive on *April 11 1936* Death is said to have occurred on the date stated above, at *12 p.m.*

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

*Chronic Endocarditis  
Chronic Intestinal nephritis* 1936

Other contributory causes of importance: *1/31  
Cardiac Dilatation* April 10 1936

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 *Helium & Youngman* M. D.

(Signed) *Helium & Youngman* M. D.  
(Address) *5439 Grand*

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 OUTRADING INSTRUCTIONS IS A PERMANENT RECORD

