

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.

MAY 7 1936

791
1003

17784

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis (No. City Hospital) St. Ward.....
File No.
Registered No. 4570

2. FULL NAME Catharine Tessmer

(a) Residence, No. 1957 Utah St. 24 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 Frank Tessmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 th 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
31 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hwp.
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.

MOTHER FATHER 13. NAME Joseph Groelner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

15. MAIDEN NAME Rose Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT Frank Tessmer
(ADDRESS) 1957 Utah str

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cem. DATE April 28 1936

19. UNDERTAKER Edward H. ...
(ADDRESS) 3516 4 14 St

20. FILED APR 27 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1936

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 11:25 P. m.

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

General Peritonitis, fibrous pleurisy, Acute Myocarditis following cerebral thrombosis performed at the hands of Dr. ... on 29.0.36
Date of onset 4/18/36

Other contributory causes of importance: 115 A

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/14 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury see above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Harold ... M. D.

(Address) ...

October 66. Adult SS

Joseph J. [unclear]

2f Route

2f Route

2f Route

Joseph [unclear]

2f Route

Route 2014

2f 2f SS

Dec 29 1964

Frank [unclear]

Female [unclear] Married

1964 [unclear]

Outstanding [unclear]

2f Route

City [unclear]