

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.

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

Do not use this space.

JUL 14 1936

791

24672

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.
 City **St. Louis** (No. **Pharmacia Hospital**) St. Ward)

2. FULL NAME

(a) Residence, No. **8138 Emily** St. **NR** Ward. **Jennings Mo**
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 26, 1907</i>		
7. AGE	YEARS <i>28</i>	MONTHS <i>6</i>
	DAYS <i>25</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>EMM 1895 Mo</i>	
	13. NAME <i>George E. Kofmeyer</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
	15. MAIDEN NAME <i>Theresa Witter</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
	17. INFORMANT (ADDRESS) <i>Blude R. Yu</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Palmyra June 23 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Maths Kromann & Son 616 East Park Ave</i>		
20. FILED JUN 21 1936 <i>J. Bredeck Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 20 1936*

22. I HEREBY CERTIFY, That I attended deceased from *June 8/36*, 19... to *June 19/36*, 19...
 I last saw her alive on *June 19/36*, 19... Death is said to have occurred on the date stated above, at *4:50 p.m.*
 The principal cause of death and related causes of importance were as follows:
Banti's disease (anaemia)
 Other contributory causes of importance:
endocarditis chronic myocardial failure
 Name of operation *none* Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *no*
 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. H. Herabes* M. D.
 (Address) *University Club Bldg.*

