

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

Do not use this space.

27878

1. PLACE OF DEATH

County St. Louis
 Township.....
 City Maplewood

Registration District No. 786
 Primary Registration District No. 4469
 (No. 7414 Lohmeyer)

File No.....
 Registered No. 64
 St. Ward)

2. FULL NAME Christine VanAlmsick

(a) Residence, No. 7414 Lohmeyer St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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 VanAlmsick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 8

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

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) Germany

13. NAME Anthony Thielmann

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

15. MAIDEN NAME Gertrude Furgerus

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

17. INFORMANT (ADDRESS) John Van Almsick
7414 Lohmeyer Ave.

18. BURIAL (CREMATION, OR REMOVAL) PLACE Centralia Ill. DATE July 27, 36

19. UNDERTAKER (ADDRESS) M. C. Maydell
1926 Allen Ave.

20. FILED Aug 10 1936 John Breidenstein (Address) 617 Olive, St. Louis, Mo.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 9, 1936 to July 25, 1936
 I last saw her alive on July 24, 9:30 PM, 1936. Death is said to have occurred on the date stated above, 3:30 A.M.

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

Pneumonia (hydrostatic)

Other contributory causes of importance:

Maniac Depressive Psychosis
HEAT EXHAUSTION.

Name of operation physical Date of.....
 What test confirmed diagnosis? Exam 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) C. H. Denny M. D.

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.

