

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

Do not use this space.

SEP 15 1936

791

32797

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis** (No.....)

Registration District No.....
Primary Registration District No. **1003**
Missouri Baptist Hospital

File No.....
Registered No. **8674**
St..... Ward)

2. FULL NAME

Amanda Cherry

(a) Residence, No. **3404 Blair Avenue** St., **26** 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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 1, 1888**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	47	1	18

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) **St. Louis**
(STATE OR COUNTRY) **Mo**

MOTHER FATHER 13. NAME **Christ Wehrmann**

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

MOTHER 15. MAIDEN NAME **Emma Ebmeyer**

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

17. INFORMANT **Mrs. Della Fleiter**
(ADDRESS) **3404 Blair Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **Aug. 22, 1936**

19. UNDERTAKER (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILED **AUG 21 1936** **J. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 19, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **8/8**, 19**36**, to **8/19**, 19**36**
I last saw her alive on **8/19**, 19**36** Death is said to have occurred on the date stated above, at **3:15 A. M.**

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

Heart Stroke
191

Other contributory causes of importance
Name of operation **Hysterectomy** Date of **8/12/36**
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) **Robert W. Bartlett** M. D.
(Address) **929 University Club Bldg**

58 hours

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.

