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.

NOV 4 1936

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

Do not use this space.

39027

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3515 Indiana Avenue, St. ..... Ward)

File No. .....

Registered No. 10053

2. FULL NAME Miss. Concordia Imhof

(a) Residence, No. 3515 Indiana Avenue, 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 75 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	10	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publishing House

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Anton Imhof

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

MOTHER

15. MAIDEN NAME Ernestine Roemheld

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

17. INFORMANT (ADDRESS) Mrs. Charles Imhof 3515 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE October 5, 1936

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED OCT 5 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1936 to Oct 1, 1936

I last saw her alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

	Date of onset
Acute endocarditis cause unknown	1 wk
9/a	

Other contributory causes of importance:

Arterio-sclerosis	1 yr

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

What test confirmed diagnosis clinical 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) Dr. O. Buckbauer, M. D.

(Address) 3147 S Jeff Ave

Mr P Brickbau
3147 – Jeff
Pri. 2&0

1 – 2 30