

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.

39727

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **10272**
City **St. Louis** (No. **4351 DeSoto Avenue**)

File No.
Registered No. **10272**
St. Ward)

2. FULL NAME

ELIZABETH LEMKE

(a) Residence, No. **6325 Lenox Ave., Welston, Mo.** Ward **NR**
(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) **WIDOW**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 12, 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 6 14

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) (STATE OR COUNTRY) **Germany**

13. NAME **Adam Krauss**

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

15. MAIDEN NAME **Katherine Fischer**

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

17. INFORMANT (ADDRESS) **Mrs. Louise Martin 4351 DeSoto Avenue**

18. BURIAL, CREMATION, OR REMOVAL **National Cemetery** DATE **Oct. 30, 1936**
Jefferson Barracks

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

20. FILED **OCT 20 1936** **J. F. Medsker** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 26, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 25, 1936 Oct 26, 1936**

I last saw her alive on **Oct 26, 1936** Death is said to have occurred on the date stated above, at **NR** m.

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

White Pericarditis due to Bacillus enteritis caused by not properly masticating
Other contributory causes of importance:
Bacillus enteritis 120
History of one week

Name of operation **None** Date of
What test confirmed diagnosis? **Bacterian** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury **no**

Where did injury occur? **none**
(Specify city or town, county, and State)

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

Manner of injury **None**
Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? If so, specify **no**

(Signed) **D. M. J. Hermann** M. D.
(Address) **2543 W. Grand**

