

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

Do not use this space.

1. PLACE OF DEATH

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

FEB 8 1937
Registration District No. **791**
Primary Registration District No. **1003**
(No. De Paul, Hospital **1003**)

File No. **3707**
Registered No. **7422**
St. Ward

2. FULL NAME Eugenia Harder

(a) Residence, No. 4439 Virginia Ave. St. 15 Ward. 1
(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 **Widow**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 9th, 1873**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
84	63	11	6

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. **2602**
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) **Russia**

13. NAME **Karl Freymark**

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

15. MAIDEN NAME ~~Karl Freymark~~ **Unknown**

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

17. INFORMANT **Eugene Harder**
(ADDRESS) **4439 Virginia Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Valhalla Crematory**
PLACE DATE **Jan. 18**, 19**37**

19. UNDERTAKER **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **JAN 18 1937**
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15th.** 19**37**

22. I HEREBY CERTIFY That I attended deceased from **March 2nd**, 1934, to **Jan. 15th**, 19**37**
I last saw her alive on **Jan. 15th**, 19**37** Death is said to have occurred on the date stated above, **12.55 P.M.**

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

Mucous Colitis	Date of onset
Broncho Pneumonia	March 1934
	11/6/37

Other contributory causes of importance: **107a**

Name of operation **none** Date of.....
What test confirmed diagnosis? **Laboratory** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **none** 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. F. Gallagher** J. M. P.
(Address) **13903 Olive**

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.

