MAR 5 - 1937

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

Do not use this space.

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 8692

Township ..... Primary Registration District No. ..... Registered No. 2153

City St. Louis (No. St. Johns Hospital / St. ..... Ward)

2. FULL NAME SUSAN A. GERMER

(a) Residence, No. 3039 Whittier Street St., 10 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 2

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 William F. Germer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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) Ind. 46 C

FATHER

13. NAME James Scnneider 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 2

MOTHER

15. MAIDEN NAME Anna Scott 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

17. INFORMANT (ADDRESS) William F. Germer 3039 Whittier Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Feb 23, 1937

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

20. FILED MAR 22 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1936, to 2-20, 1937

I last saw h..... alive on 2/20, 1937. Death is said to have occurred on the date stated above, at 12:00 Noon.

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

	Date of onset
Ac Cardiac Failure	2/15/37
Ac Central Pneumonia	2/15/37
Ac Arterial Hypertension	11/27/37
Ac Respiratory Dyspnoea due to left side paralysis	

Other contributory causes of importance:

Mitral Regurgitation

Intestinal Tumors Malignant Primary Seat Unknown

Hemiplegia Left Side

Chronic Gall Bladder

Name of operation none Date of ..... Was there an autopsy? none

What test confirmed diagnosis? Was there an autopsy? Chronic Nephritis stones

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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? .....

If so, specify .....

(Signed) Geo T Nehan M.D.

(Address) 1006 So Jefferson

2/21/37

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.

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