

APR 9 1937

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**

Registration District No.....  
Primary Registration District No.....  
(No. **3636 Minnesota Ave**)

**791**  
**1003**

File No. **10548**  
Registered No. **3122**  
St. .... Ward)

2. FULL NAME **Caroline M Maschmeier**

(a) Residence, No. **3636 Minnesota Ave** St. **24** Ward. (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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 6 1862**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<b>74</b>	<b>11</b>	<b>15</b>	

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

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)

13. NAME **Unknown Mary**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Chas Voges** (ADDRESS) **3636 Minnesota Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Our Redeemer Cem** DATE **Mar 24 1937**

19. UNDERTAKER **Beiderwieden Funeral Home** (ADDRESS) **1936 St Louis Ave**

20. FILED **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 21 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15**, 19**35**, to **Mar 21**, 19**37**

I last saw her alive on **Mar 21**, 19**37**. Death is said to have occurred on the date stated above, at **5 A.** m.

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

**Hypertension**  
**Myocarditis chronic**

Other contributory causes of importance: **Senility**

Name of operation **none** Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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**

(Signed) **Eugene Vogel**, M. D.  
(Address) **3102 Cherokee**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCCUPATION 8993  
MOTHER FATHER

MAR 23 1937

