

APR 27 1937

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

Do not use this space. ✓

## 1. PLACE OF DEATH

 96 County *St. Louis Co.*  
 Township *Jefferson*  
 7 City *Richmond Heights* (No. *St. Marys Hospital* St. Ward)
Registration District No. *1170*File No. *13653*Primary Registration District No. *6248-4*Registered No. *59*

## 2. FULL NAME

 1 *Dolores Hankemeyer*  
 (a) Residence, No. *3004 St. Vincent* St. *J* 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)

*single*

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

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

*Jan. 17, 1937*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*1**9*

## OCCUPATION

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

*none*

## 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)

*St. Louis Mo.*

## 13. NAME

*Edgar Hankemeyer*

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

*Mo.*

## 15. MAIDEN NAME

*Catherine Wagner*

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

*Mo.*

## 17. INFORMANT (ADDRESS)

*Edgar Hankemeyer, 3004 St. Vincent*

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

*Mt. Hope C.*DATE *March 2, 1937*

## 19. UNDERTAKER (ADDRESS)

*Fendler Wm Co, 7420 Madison Ave*

## 20. FILED

*March 2, 1937, Sam A. Bassett, Registrar.*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 1, 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*Feb 23, 1937, to Mar. 1, 1937*I last saw her alive on *Mar 1, 1937* Death is saidto have occurred on the date stated above, at *5:55 A.M.*

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

*Congenital Syphilis*

Date of onset

*birth*

Other contributory causes of importance:

*Bronchopneumonia (terminal)**2-28*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *ye*

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

Accident, suicide, or homicide? Date of injury

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) *George H. Boxer, M. D.*(Address) *St. Marys Hospital*

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.

