

MAY 7 1937

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

Do not use this space.

14182

File No. 3678  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City. ST. LOUIS MO. (No. 3521 CAROLINE ST.)

2. FULL NAME THERESA M. ERNST.

(a) Residence, No. 3521 CAROLINE St., 18 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 4 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1937, to April 4 1937

I last saw her alive on April 3 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 1, 1859

to have occurred on the date stated above, at 8:05 AM.

7. AGE YEARS 77 MONTHS 6 DAYS 3. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Acute dilatation of heart  
Hypertensive chronic

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

13. NAME UNK. BLEKER

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT LILLIE ERNST (ADDRESS) 3521 CAROLINE ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE SSP + PAULSCM DATE APRIL 6 1937

19. UNDERTAKER E. J. Schurer (ADDRESS) 312 1/2 Lafayette Ave.

20. FILED APR 5 1937 J. Bredeck Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) B. Thayer, M. D.

(Address) 1574 St. Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. Every item of information should be stated EXACTLY. PHYSICIANS should state every item of information around or ceremony supplied. AGE should be stated EXACTLY. PHYSICIANS should state every item of information around or ceremony supplied.

1-1-899

