

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

Do not use this space.

3014 rd. Jefferson

MAY 7 1937

14616

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis*..... (No. *5915 Hartford*).....

File No.

Registered No. **4112**

St. Ward)

2. FULL NAME *Helena Demuth*

(a) Residence, No. *5915 Hartford* St. **13** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-16-37* 19*37*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph Demuth*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 13*, 19*37*, to *Apr 15*, 19*37*

I last saw him alive on *Apr 15*, 19*37*. Death is said to have occurred on the date stated above, at *10 P.* m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 16, 1861*

7. AGE YEARS *76* MONTHS *3* DAYS *-* If LESS than 1 day,hrs. ormin.

Lobar Pneumonia

Date of onset

4 days

Apr 13

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

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

Other contributory causes of importance:

Senility

12. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo* (STATE OR COUNTRY)

13. NAME *Herman Behrens*

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? *no*

15. MAIDEN NAME *Anna Wendring*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Raymond Demuth* (ADDRESS) *5911 Hartford*

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter & Paul* DATE *4-20-37* 19*37*

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify.....

19. UNDERTAKER *Oscar J. Hoffmeister* (ADDRESS) *4016 Chippewa Str*

(Signed) *H. M. Dinger*, M. D.

20. FILED **APR 19 1937** Registrar.

(Address) *3014 S. Jefferson*

Exact statement of OCCUPATION is very important.

899
10
10

OCCUPATION

FATHER

MOTHER

