

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS, MO.** (No. **3229**, **ST. VINCENT AV.** St. _____ Ward) File No. **18407**
4983
Registered No. _____

2. FULL NAME

CARRIE EISSLER, KLEINLAGE,
(a) Residence, No. **3229 ST. VINCENT** St. **17** 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)~~ **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JOSEPH KLEINLAGE,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT. 11 - 1882**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
35	54	8	4	

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

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) **Germany**

13. NAME **John Ermerdt,**

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

15. MAIDEN NAME **Wilhelmina Karger**

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

17. INFORMANT **JACOB EISSLER**

(ADDRESS) **3229 St. Vincent Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. MATTHEWS** DATE **MAY 18 1937**

19. UNDERTAKER **E. J. Schuur**

(ADDRESS) **3125 Lafayette av.**

20. **MAY 17 1937** Registrar **J. P. Predeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 15 1937**

22. I HEREBY CERTIFY, That I attended deceased from **October 12 1934** to **May 15 1937**

I last saw him alive on **May 15 1937**. 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:

Cancer of uterus with metastasis in pelvis and abdomen (recurrence)

Other contributory causes of importance: **renal infection**

Name of operation **Hysterectomy** Date of **10-23-1934**

What test confirmed diagnosis? **Biopsy** Was there an autopsy? **not**

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? **no**

If so, specify. (Signed) **Hereward Meas**, M. D. (Address) **508 No. Grand**

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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