

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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No. 791
City ST. LOUIS MO. (No. 5454, Bischoff 1008)

File No. 18490
Registered No. 5066
St. Ward

2. FULL NAME

Louisa KAMER HÄZEL (Kamer)

(a) Residence, No. 5454 Bischoff St., 13 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 W ^m KAMER.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-13-1865		
7. AGE 34	YEARS 71	MONTHS 8
		DAYS 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKEEPER		If LESS than 1 day, hrs. or min.
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to May 18, 1937. I last saw her alive on May 17, 1937. Death is said to have occurred on the date stated above, at 3:45 am.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Bladder
Diabetes mellitus

Other contributory causes of importance:
46

Date of onset 1935

1932

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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

FATHER
13. NAME Wm OBERMUELLER

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

MOTHER
15. MAIDEN NAME Wm.

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

17. INFORMANT Jos. KAMER.
(ADDRESS) 5454 BISCHOFF AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE MAY 20 1937

19. UNDERTAKER E. J. Schmur,
(ADDRESS) 312 1/2 Lafayette av.

20. FILED J. Bredeck Registrar.

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
If so, specify
(Signed) St. Louis Schuchat, M. D.
(Address) 2202 Chouteau av.

MAY 19 1937

