JUL 8 - 1937

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

Do not use this space.

22477

File No.

Registered No. 6229

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4645 Cecil Pl., 2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Maud L. Kempf-Bereswill

(a) Residence, No. 4645 Cecil Pl., St., 2 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

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: August Bereswill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 30, 1872

7. AGE: Years 64 Months 9 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grand Tower Ill

FATHER

13. NAME: Justice Denoyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Henley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): August Bereswill 4645 Cecil Pl.,

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE 6-29-37, 19

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

20. FILED JUN 28 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/22/, 1937, to 6/25/37, 19.... I last saw h.. alive on 6/23/37, 19.... Death is said to have occurred on the date stated above, at 8:30p.m.

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

	Date of onset
Carcinoma of left breast with generalized metastases	Uncertain
Hydrothorax due to pleural metastases	Uncertain
Other contributory causes of importance:	
Hypertensive cardiovascular disease	Uncertain

Name of operation None. Biopsy Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: No.

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) G. O. Brown, M. D.

(Address) 1325 S. Grand Blvd.

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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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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