

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

ZSt. Louis

(No.)

Registration District No.....

Primary Registration District No.....

City, Hospital No. 1

791

1003

File No.....

25232

Registered No.....

6406

St.....

Ward.....

C. 3631

Wilhemina Weede

2. FULL NAME

(a) Residence, No.....

903

Fillmore

St.,

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

John R.

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

May 14, 1871

7. AGE

66

YEARS

MONTHS

1

DAYS

16

If LESS than 1
day,hrs.
ormin.

OCCUPATION

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

at home

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.....

St. Louis, Missouri

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

FATHER

13. NAME

August Hirschfeld

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Hosp. Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

N. St. Marcus

DATE 7-3-37

19.

19. UNDERTAKER

(ADDRESS)

Southern Ind. Co.

6322 S. Grand

20. JUL 2 1937

19

J. S. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/30/37

19

22. I HEREBY CERTIFY, That I attended deceased from

6/14/37

19

to 6/30/37

19

I last saw him live on 6/30/37, 19..... Death is said

to have occurred on the date stated above, at 9.25 p

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

Date of onset

*Chronic nephritis & edema
myocardial degeneration*

Other contributory causes of importance:

Name of operation..... no..... Date of.....

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

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)

E. P. Kch.

, M. D.

(Address)

City Hosp. #1

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.

16004-11-33

