

NOV 15 1937

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

Do not use this space.

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1. PLACE OF DEATH
County St. Louis, Mo. Registration District No. 791
Township Primary Registration District No. 1003
City (No. St. Anthony Hospital) St. Ward

File No.
Registered No. 9558
St. Ward

2. FULL NAME Sister M. Beda (Theresia Blaimer)
(a) Residence, No. St. Anthony's Hospital, 16 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1877

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 years 0 17

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

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), Tiefenthal, Bavaria, (STATE OR COUNTRY) Germany

13. NAME Johann Blaimer

14. BIRTHPLACE (CITY OR TOWN), Europe (STATE OR COUNTRY)

15. MAIDEN NAME Theresia Zierer

16. BIRTHPLACE (CITY OR TOWN), Europe (STATE OR COUNTRY)

17. INFORMANT Sister M. Ludgera, Sec. (ADDRESS) 3520 Chaffinwood Court, City

18. BURIAL, CREMATION, OR REMOVAL SS. PeteransPaul Cem DATE Oct. 14, 1937

19. UNDERTAKER J. N. Kelpent and Co. (ADDRESS) 2842 Meramec St.

20. FILED OCT 13 1937 J. A. Siebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Oct 12, 1937
I last saw h. or alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:
Cancer of stomach Date of onset unknown

H&K
Other contributory causes of importance:
secondary uremic poisoning
chronic myocarditis unknown

Name of operation none Date of
What test confirmed diagnosis? cancer 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? no
If so, specify
(Signed) haschneider M. D.
(Address) 3318 S. Grand
St. Louis Mo

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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