

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

**8936**  
Do not use this space.

REC'D APR 1 1938

**791  
1003**

**1. PLACE OF DEATH**

(a) County..... Registration District No. ....  
 (b) Township..... Primary Registration District No. .... Registered No. **2525**  
 (c) City St. Louis Mo. (d) Street No. 3106 = M. Whittier St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Mrs. Selma Haefer 160

(a) Residence, No. 3106a N. Whittier St. 10  
 (Usual place of abode, if no street address, write county or city) (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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
58      5      3

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
 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) St. Louis Mo.

FATHER  
 13. NAME Henry Biermann

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

MOTHER  
 15. MAIDEN NAME Minnie Deppner

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

17. INFORMANT Walter Haefer  
 (ADDRESS) 4635a Pope Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 3-17-38

19. FUNERAL DIRECTOR Henry Heider U. Co  
 (ADDRESS) 1417 N. Market St.

20. FILE MAR 15 1938  
J. D. Buckler  
 (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14-38 1938

22. I HEREBY CERTIFY That I attended deceased from April 4, 1935 to March 4, 1938  
 I last saw her alive on 3/12, 1938 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of uterus (Before) Date of onset 1935  
Visceral metastases of Ca 1937  
 Other contributory causes of importance:  
Cerebral embolus 5/12/38  
Arterial hypertension 11/37

Name of operation..... Date of.....  
 What test confirmed diagnosis? Biopsy 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) Wm. M. G. Shire, M. D.  
 (Address) 4603 Pope

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *John P. Buchholz*  
Licensed Embalmer No. *01674*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**