

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.

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

12857  
Do not use this space.

REC'D MAY 10 1938

791  
1003

Registered No. 3461

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. 3217a Arsenal St. ..... 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. ds.

**2. PRINT FULL NAME**

Elsie Wassermann 265  
 (a) Residence, No. 3217a Arsenal St. ..... St. 16 ..... (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Christian Wassermann  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th. 1892;  
 7. AGE YEARS MONTHS - DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 6 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME Balthasar Geiser

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

MOTHER 15. MAIDEN NAME Katherine Schaefer

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

17. INFORMANT Christian Wassermann (ADDRESS) 3217a Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Churchyard April-14-1938

19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED APR 13 1938 J. D. Brebeck Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 12th. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to 4/12/38, 1938  
 I last saw her alive on 4/12/38, 1938 Death is said to have occurred on the date stated above, at 1.30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Generalized TB Date of onset 1920?

Other contributory causes of importance: None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical 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) William H. Buscher, M. D.  
 (Address) 1225 Sydney St.

STATEMENT BY LICENSED EMBALMER

I, Robert Crowley, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2128 or by \_\_\_\_\_; Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert Crowley

Licensed Embalmer No. 2128

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.)