

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.

REC'D SEP 14 1939

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

Do not use this space.

1. PLACE OF DEATH *Emmanuel Home 3*  
 County *St. Charles* Registration District No. *757*  
 Township *St. Charles* Primary Registration District No. *5998*  
 City (No. *Emmanuel Home*)

File No. **30076**  
 Registered No. *179*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *242 Ida Bigeholz*  
 (a) Residence, No. *St. Louis Mo.* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *30* 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) *Dec. 22 - 1865*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*73 8 7*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*  
 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) *Black Jack Mo. Louisiana Mo.*

MOTHER 13. NAME *— not known*

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

15. MAIDEN NAME *— not known*

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

17. INFORMANT (ADDRESS) *Theophil Stoerker St. Charles Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Black Jack cemetery St. Louis Co. Mo.* DATE *Aug 31<sup>st</sup> 1939*

19. UNDERTAKER (ADDRESS) *Steinbrink's St. Charles Mo.*

20. FILED *8/30* 1939 *Clarence G. Hessler* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 29<sup>th</sup> 1939*  
 22. I HEREBY CERTIFY, that I attended deceased from *Jan 1<sup>st</sup> 1939* to *Aug 29<sup>th</sup> 1939*  
 I last saw him alive on *Aug 20<sup>th</sup> 1939*. Death is said to have occurred on the date stated above, at *2<sup>15</sup> A.M.*  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
*Cancer of Stomach*  
*46*  
 Other contributory causes of importance: *Sen Arterio Sclerosis*

Name of operation *none* Date of \_\_\_\_\_  
 What test confirmed diagnosis *Signs of 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) *A. Perich Schuly* M. D.  
*179* (Address) *St. Charles Mo.*

