

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

Do not use this space.

2377

PLACE OF DEATH

County.....

Registration District No. 1170

Township.....

Primary Registration District No. 6248th

City Richmond Heights (No. 7532)

Wagner Ave

File No.

Registered No. 10

St. Ward)

FULL NAME

(a) Residence, No. Ho-rine, Mo. St., 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 11 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23.

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) Switzerland

13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Ernest Washer, Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peter's Church DATE Jan. 15, 1932

19. UNDERTAKER (ADDRESS) Walt H. Herminy and Son

20. FILED 1115, 1932 Ed Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1932

22. I HEREBY CERTIFY, that I attended deceased from Dec 12, 1931 to Jan 13, 1932

I last saw her alive on Jan 12, 1932 Death is said to have occurred on the date stated above, at 4:00 A.M.

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

Chronic Myocarditis about 5 years Date of onset 9/27/28

Other contributory causes of importance: Arteriosclerosis

Name of operation reduction of Hernia Date of Dec. 12/31

What test confirmed diagnosis? Path. Phys. Was there an autopsy? Yes

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? Yes

If so, specify L. O. Herchenroeder, M. D.

(Signed) L. O. Herchenroeder (Address) Metropolitan Bldg

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.

FEB 28 1932

