

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

Do not use this space.

2812

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 10015B  
City St. Louis Mo. (No.     ) City Sanitarium St.      Ward)     

File No. ....  
Registered No. 516  
St. .... Ward) ....

**2. FULL NAME**

(a) Residence, No. 4037 California Ct. 13 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	<u>Unknown</u>
	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) <u>10<sup>th</sup> Unknown Germany</u>		
FATHER	13. NAME	<u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
17. INFORMANT (ADDRESS) <u>Herbert P Smith 5400 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Alex &amp; Paul</u> DATE <u>1-18-32</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Ziegenhain Bros 26<sup>th</sup> St. Charles</u>		
20. FILED <u>JAN 26 1932</u> <u>Max C. Starkey</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930 to Jan 14, 1932. I last saw her alive on Jan 14, 1932. Death is said to have occurred on the date stated above, at 11:30 P.M.. The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 7/1/30  
93c Senile Dementia 1930  
None +  
Other contributory causes of importance:  
Senile Dementia +  
Name of operation None Date of       
What test confirmed diagnosis? Chemical. 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?.....  
If so, specify.....  
(Signed) Herbert P Smith, M. D.  
(Address) 5400 Arsenal St.

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.

