

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

Do not use this space.

27354

1. PLACE OF DEATH

96
7
County St Louis Registration District No. 1170 File No. _____
Township _____ Primary Registration District No. 6248.H Registered No. 151
City Richmond (No. New St Marys Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3649 Pennsylvania St. Ward. St. Louis Mo.
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Edw. J. Hemm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1863.</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAYS <u>23</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>at home</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>St Louis Mo</u>		
FATHER	13. NAME <u>Jacob Meltzer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Julia Hunt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Edw. J. Hemm</u> (ADDRESS) <u>3649 Pennsylvania</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive Cem.</u> DATE <u>Aug 6, 1932</u>		
19. UNDERTAKER <u>C. Hoffmeister No 7 C</u> (ADDRESS) <u>2814 S. Broadway</u>		
20. FILED <u>8/4</u> , 19 <u>32</u> <u>C. B. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1932, to Aug 3, 1932
I last saw her alive on Aug 2, 1932. Death is said to have occurred on the date stated above, at 3:45 P. m.
The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
Acute Agnucarditis
General Peritonitis
Date of onset 3 days 7/4/32

Other contributory causes of importance: 1/2/1

Name of operation laparotomy Date of June 4, 1932
What test confirmed diagnosis? operatum 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? Yes
If so, specify _____ (Specify)
(Signed) Henry J. Thayer M. D.
(Address) 514 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.

SEP 27 1932

