

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.

OCT 20 1933

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

Do not use this space.

31171

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St. Louis (No. 2232, Nebraska St. .... Ward)

File No. ....  
 Registered No. 7865

**2. FULL NAME**

Susanna Backer  
 (a) Residence, No. 2232 Nebraska St., 23 Ward.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>75</u>	<u>1</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homework  
 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) Antonia

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Jacob Klinger  
 (ADDRESS) 2232 Nebraska Co.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New St. Marins DATE Sept 12 1933

19. UNDERTAKER J. H. Subban  
 (ADDRESS) 2630 Sprain Ave.

20. FILED 11 1933 J. F. Beech  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/5 1933, to 9/9 1933  
 I last saw him alive on 9/9 1933 Death is said to have occurred on the date stated above, at 12 noon  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
82A  
97  
102  
 Other contributory causes of importance arteriosclerosis; hypertension  
 Date of onset 9/5

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R. Berg M. D.  
 (Address) 2253 Nebraska

100-100-100

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