

JAN 4 1935

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

Do not use this space.

45233

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 3212 B. Newstead) St. Ward)

File No.
Registered No. 12393
St. Ward)

2. FULL NAME

Barbara Firmbach
(a) Residence, No. 3212 B. Newstead St., 10 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 82 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 8 20

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

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) 34 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Adam Beyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

15. MAIDEN NAME Anna Lauderbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT (ADDRESS) Margaret Firmbach 3212 B. Newstead

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE Dec. 31, 1934

19. UNDERTAKER (ADDRESS) Wedemeyer & Co. 3934 B. 20 St.

20. FILED C 31 13, 19 Joe J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934, to Dec 29, 1934

I last saw her alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at 10A m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: Senility

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?

If so, specify (Signed) W. H. Hines, M. D.
(Address) 1511 E. Grand Bl

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.

1934-12-29
1952-4-9

82-8 20