

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

Do not use this space.

OCT 23 1935

30953

1. PLACE OF DEATH

County.....

Registration District No. **793**

Township.....

Primary Registration District No. **1003**

City St. Louis, Mo. (No. 3112 A, New Ashland Place St. Ward)

File No.....

Registered No. **7745**

2. FULL NAME Barbara Dellerman

(a) Residence, No. 3112 A New Ashland St. 10 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 WIFE OF Wm. E. Dellerman (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>3</u>	<u>23</u>	

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME Harry Riegert

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

15. MAIDEN NAME Anna Bernsdorf

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

17. INFORMANT Wm. E. Dellerman (ADDRESS) 3112 A New Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE 9/16/35

19. UNDERTAKER Trager-Toss (ADDRESS) 3402 N. Kingshighway

20. FILED SEP 15 1935 J. P. Bede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8 1935, to 9-14 1935

I last saw him alive on 9-14 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Uraemia.

131

Other contributory causes of importance:

chronic myocarditis

chronic nephritis.

Name of operation None Date of.....

What test confirmed diagnosis? clinical 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? None (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) James A. Pioreau, M. D.

(Address) 3903 Olive St.

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

31
31

