

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City **St. Louis** (No. **Jewish Hospital**) St. _____ Ward _____

File No. **31105**
 Registered No. **7792**

2. FULL NAME

(a) Residence, No. **Julius Lawerheim, 12** (If nonresident, give city or town and State)
 (Usual place of abode) **Natural Bridge, Ford 12, Bridgeton, Mo.**

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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Steingard Lawerheim		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1870		
7. AGE	YEARS 63	MONTHS 7
	DAYS 21	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant	11. Total time (years) spent in this occupation 93
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany		
MOTHER	13. NAME Jacob Louisheim	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	15. MAIDEN NAME Zerling Jacoby	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Mr. Julius Jenkins, Bridgeton, Mo.		
18. BURIAL, CREMATION, OR REMOVAL New Mt. Sinai, DATE Sept 10, 1933		
19. UNDERTAKER (ADDRESS) H. B. Johnson, 715 N. Pherson Ave		
20. FILED J. P. Baedock, Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 7, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **8/21, 1933** to **9/7, 1933**

Deceased was h. alive on **9/7, 1933**. Death is said to have occurred on the date stated above, at **11 P. m.**

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

Broncho-pneumonia	Date of onset 2 das.
Chronic Cholecystitis	1 yr.
Cholelithiasis	1 yr.
Chronic Myocarditis	2 wks.

Other contributory causes of importance:
Jaundice
Cholecystectomy Date of **9/6/33**

Name of operation **Cholecystectomy** Date of **9/6/33**

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **Carl Berlet** M. D.
 (Address) **Jewish Hospital**

WRITE PRINTED, 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.

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