

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

Do not use this space.

32144

**1. PLACE OF DEATH**

County..... Registration District No. **791** File No. ....  
 Township..... Primary Registration District No. **1003** Registered No. **9528**  
 City **St. Louis Mo.** (No. **4458 Gannett St.** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. **15** Ward. .... (If nonresident give city or town and State)  
 (Usual place of abode)

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 17 1948**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**79 2 7**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housework**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer **At Home**

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Unknown Wolfford**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

14. INFORMANT **Minnie Pöck**  
 (Address) **4458 Gannett St.**

15. **CCT 25 1927** Filed..... 19..... **Maulb. Starckoff** Registrar

**MEDICAL CERTIFICATE OF DEATH**

**2**  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 24 1927**  
 17. I HEREBY CERTIFY, That I attended deceased from **Oct 18 1927**, to **Oct 24 1927**, that I last saw him alive on **Oct 23 1927**, and that death occurred, on the date stated above, at **12 40** a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**apoplexy (cerebral)**

CONTRIBUTORY (SECONDARY) **arteriosclerosis (duration) 2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF .....

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **physical clinical & laboratory**

(Signed) **W. A. Walters**, M. D.  
**Oct 24 1927** (Address) **3301 va**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter & Paul Cent** DATE OF BURIAL **Oct 26 1927**

20. UNDERTAKER **W. J. Pöck** ADDRESS **1905 3/4 Grant**

