

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 1-2 f m

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.

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

Do not use this space.

22132

1. PLACE OF DEATH

County.....

Registration District No. 79th

Township.....

Primary Registration District No. 1003

City St. Louis Mo.

39.00 N. 22nd St.

File No.

Registered No. 6307

St. Ward)

2. FULL NAME

Mary Vornshulz

(a) Residence. No. 39.00 N. 22nd St., 20th 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)

married

5A. MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Wm Vornshulz

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

Mar-8-1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

3

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Bernard Gripp

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Mrs R. L. Christy
39.00 N. 22nd St.

15.

FILED

19. 13

May 2 1928
J. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June-12-1928

17.

I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 12, 1928, that I last saw him alive on June 12, 1928, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral Hemorrhage

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

C. McEllis

M. D

June 13, 1928 (Address)

3825 N 20

*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

DATE OF BURIAL

S. S. Peter & Paul

6-15-1928

20. UNDERTAKER

ADDRESS

Reetz Bros 3029 Lafayette

8.