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

Do not use this space.

8367

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 6257 Famous Ave. St. ..... Ward)

File No. ..... Registered No. 2020

2. FULL NAME Louisa Sophia Grempler

(a) Residence. No. 6257 Famous St., 13 Ward.
(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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTY) Mo.

PARENTS

10. NAME OF FATHER Henry Donnenberg

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Gustave Grempler
(Address) 6257 Famous Ave

15. FEB 13 1929 FILED ....., 19..... Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from July ....., 1928, to Feb. 9 ....., 1929, that I last saw he alive on Feb. 8 ....., 1929, and that death occurred, on the date stated above, at 11.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma - general metastasis
Breast
5 D

CONTRIBUTORY (SECONDARY) None (duration) 2 yrs. ..... mos. ..... ds.

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Cancer Breast

(Signed) C. E. Gilliland, M. D.
Feb 11. 1929 (Address) Missouri Bldg.

*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 Calvary Cem. DATE OF BURIAL 2-13-1929

20. UNDERTAKER Peetz Bros. ADDRESS 3029 Laf. Ave

235
1
10
10

FILL IN ALL ITEMS. Only items 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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