

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

Do not use this space.

16685

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 3735, Morganford

Registration District No. 791
Primary Registration District No. 1003

File No. 4800
Registered No.
St. Ward)

2. FULL NAME Netta Urspruch

(a) Residence. No. 3735 Morganford St. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Urspruch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	85	2	2	

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).....
(c) Name of employer.....

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER "

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

14. INFORMANT Henry Urspruch (Address) 3735 Morganford

15. FILED APR 26 1929 Max [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1919, to April 20, 1929 that I last saw her alive on April 21, 1929, and that death occurred, on the date stated above, at 3:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arterio sclerosis
77
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [Signature]
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Adam G. Youngman, M. D.

4/25, 1929 (Address) 5739 Gravais

*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
<u>New St. Paul Churchyard</u>	<u>April 27 19 29</u>

20. UNDERTAKER	ADDRESS
<u>Hauch & Schmidt</u>	<u>3732 S. Grand</u>

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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