

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

Do not use this space.

39483

**1. PLACE OF DEATH**

County Warren  
Township Charvate  
City Marthasville, Mo. (No. Ennaus Home)

Registration District No. 884  
Primary Registration District No. B176

File No. \_\_\_\_\_  
Registered No. 25 Ward \_\_\_\_\_

**2. FULL NAME**

Julia Press

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Marthasville, Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>5</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None  
(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 Rev. Guenter

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

12. MAIDEN NAME OF MOTHER Unknown

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

**14.**

INFORMANT Paul Press  
(Address) 14 14 - Newhouse

**15.**

FILED Nov 3, 1929 G. C. Johnson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929 to Nov 2, 1929 that I last saw her alive on Nov 1, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
930  
1522 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Old age  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cultured

(Signed) G. C. Johnson M. D.

, 19 1929 (Address) Northville Mo

\*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's Cemetery DATE OF BURIAL 11-6-1929

20. UNDERTAKER McLennan & Co

ADDRESS 9037 N 20th

WRITE PLAINLY, 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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