

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

Do not use this space.
29691

1. PLACE OF DEATH

County.....
Township.....
City St. Louis no (No. 4313) Margaretta Registration District No.....
Primary Registration District No.....
File No.....
Registered No. 8723 St. Ward)

2. FULL NAME

(a) Residence, No. 10 St. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Mast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1864

7. AGE YEARS 67 MONTHS 4 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Philip Gruenwald

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

MOTHER 15. MAIDEN NAME Elizabeth Fischer

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

17. INFORMANT (ADDRESS) Adolph Mast 4313 Margaretta ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8/15 31

19. UNDERTAKER (ADDRESS) Stroot & Carroll 400 National Bldg

20. FILED 400 10 10 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1931, to Aug 12 1931. I last saw him alive on Aug 11 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
apoplexy cerebral
BRAD
162
Hamorrhage
Other contributory causes of importance: Smoking
JJA

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. H. Shull, M. D.
(Address) 500 59 govt

