

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.

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** No. **1511** East Grand Blvd. Ward **75**

2417

File No. **75**
 Registered No. **75**

2. FULL NAME

(a) Residence, No. **1519 Worny Str** St. **24** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 26, 1851</i>		
7. AGE	YEARS <i>80</i>	MONTHS <i>3</i>
	DAYS <i>7</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Ct. Home</i>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 2, 1932*
 22. I HEREBY CERTIFY that I attended deceased from *Sept 30 1931* to *Jan 2, 1932*
 I last saw her alive on *Jan 11, 1932*. Death is said to have occurred on the date stated above, at *10:10 A.M.*
 The principal cause of death and related causes of importance were as follows:

Fracture of surgical neck of right femur received when she fell to floor at residence. accident

Other contributory causes of importance: *5*
senility
chronic myocarditis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	13. NAME <i>Christian Peters</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Louisa Heck</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT (ADDRESS) <i>Dr. A. H. Uhleneiser 1511 East Grand Blvd</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Louis</i> DATE <i>Jan 4, 1932</i>
	19. UNDERTAKER (ADDRESS) <i>Walter Hermann and Son 2116 East 6th St</i>
	20. FILED <i>JAN - 4 1932</i> <i>W. C. Hankin</i> Registrar.

Name of operation *D* Date of *Jan 2, 1932*
 What test confirmed diagnosis? Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *9/30/31*
 Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *In Home*
 Manner of injury *Fall to floor*
 Nature of injury *Fracture of Right Femur*
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *No*
 (Signed) *A. H. Uhleneiser* M.
 (Address) *1511 E Grand Bl.*

