

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

Do not use this space.

10092

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. 791  
Primary Registration District No. 1009  
(No. Christian Hospital 4511 N. Newstead ave Ward)

File No.....  
Registered No. 2100

**2. FULL NAME**

(a) Residence, No. 4035 Winnebago St. 16 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
25 - 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
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) St Louis 1

FATHER 13. NAME David J. Tulaud

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

MOTHER 15. MAIDEN NAME Laura Vorhberg

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

17. INFORMANT Josep J. Tulaud Jr  
(ADDRESS) 4035 Winnebago

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cathary DATE March 5th 1932

19. UNDERTAKER Emanuel Kopf  
(ADDRESS) 2516 N. 74th St

20. FILED 1932

Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931, to March 2, 1932

I last saw her alive on mar. 2, 1932 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Epilepsy childhood  
Acidosis (acute starvation) 3/2/32  
Other contributory causes of importance: non-diabetic

Name of operation..... Date of.....  
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?..... 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? If so, specify.....

(Signed) R. C. Wobeser, M. D.  
(Address) 449 Kingshighway

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.

