

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

Do not use this space.

14216

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Registered No.....

3551

Township.....

Primary Registration District No.....

City.....

(No. City Hospital.....)

St.....

Ward.....

2. FULL NAME

(a) Residence, No. 2226
(Usual place of abode)

Mary Van Fleck St. 23

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) Dec. 13, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 20

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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Hes. Grenzsch

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

MOTHER 15. MAIDEN NAME Mary Russell

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE April 12, 1932

19. UNDERTAKER (ADDRESS) Alfred W. McLaughlin

20. FILED APR 11 1932 Max Barker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1932 to April 9th, 1932
I last saw her alive on April 9th, 1932. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic 93C myocarditis 78B
93C
Other contributory causes of importance: 93C
Post encephalitic not Epilepsy
Parkinson's disease

Name of operation..... Date of.....
What test confirmed diagnosis? clin 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) W. Kilchman, M. D.
(Address) City Hospital

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.

