

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

Do not use this space.

14701

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No. **Thibault Ave**

City **St. Louis**

(No. **5805^a**)

St. **7** Ward.

File No.

Registered No. **4098**

St.

Ward)

2. FULL NAME

(a) Residence, No. **5805^a Thibault Ave** St. **7** Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

white

single

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

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

June 24 - 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7

10

-

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

school girl

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)

St. Louis MO

MOTHER FATHER 13. NAME

Elmer Groebel

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

St. Louis MO

15. MAIDEN NAME

Teronica Rex Bois

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

St. Louis MO

17. INFORMANT (ADDRESS)

*Elmer Groebel
5805^a Thibault Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Culinary

DATE

April 27 1932

19. UNDERTAKER (ADDRESS)

*Frankenburg Ind Co
4740 St. Louis Ave*

20. FILED

APR 26 1932

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from

April 24 1932

I last saw him alive on *April 22 1932* - Death is said to have occurred on the date stated above, at *3:30 p.m.*

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

*Sarcina of Fabria
of Fabria*

Other contributory causes of importance:

Secondary aneurysm

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?

If so, specify

(Signed)

James G. ... M. D.

(Address)

405-10th St.

Every year 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.

