

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

Do not use this space.

✓ 14773

1. PLACE OF DEATH

County.....

Registration District No. 7001

Township.....

Primary Registration District No. 1000

City St. Louis (No. 1632)

City Hospital

File No.

Registered No. 41771

St. Ward)

2. FULL NAME

(a) Residence, No. 1044 Victory St. Ward 22
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Grubb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 14

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..... 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport 2
Rhode Island

13. NAME John Smith

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

15. MAIDEN NAME Wickerson

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

17. INFORMANT (ADDRESS) Hospital Information
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE April 29 32

19. UNDERTAKER (ADDRESS) Wacker-Heldeshe
Centralway

20. FILED 23 10 31 May Centralway
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to April 27, 1932
I last saw her alive on April 27 1932 Death is said to have occurred on the date stated above, at 11.50 AM
The principal cause of death and related causes of importance were as follows:

Hemorrhage into retroperitoneal tissues following ruptured aneurysm of aorta
1934
Other contributory causes of importance:
Syphilis of aorta
Chronic passive congestion
hypertension

Name of operation none Date of.....
What test confirmed diagnosis? none Was there an autopsy? yes

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 no
(Signed) J. M. Macintosh 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.

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