

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

Do not use this space.

18021

**1. PLACE OF DEATH**

County .....

Registration District No. 791

Township .....

Primary Registration District No. 10-33

City St. Louis (No. 5744, Acme)

File No. ....

Registered No. 4991

St. .... Ward)

**2. FULL NAME**

Missie L. Vosbrink

(a) Residence, No. 4114 Pleasant St., 10 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>71</u>	<u>2</u>	<u>20</u>	

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

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) X 11. Total time (years) spent in this occupation X

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

13. NAME Unknown Stienhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Edward Vosbrink  
4114 Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE May 24, 1932

19. UNDERTAKER (ADDRESS) Siedmeyer & Sons  
4114 Pleasant St.

20. FILED MAY 23 1932 at St. Louis

Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from May 12<sup>th</sup>, 1932, to May 29<sup>th</sup>, 1932

I last saw him alive on May 29<sup>th</sup>, 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic nephritis Date of onset 3 years

0/31 13!

Other contributory causes of importance:

Bronchial asthma 112 10 years

Chronic nephritis 2 yrs

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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) Arthur Sundlach, M. D.

(Address) 2202 Crescent

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign.

