

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

Do not use this space.

24077

1. PLACE OF DEATH

96 County: St. Louis Registration District No. 1170
 7 Town: St. Louis Primary Registration District No. 6748 H
 7 City: St. Louis (No. 1170) New St. Mary Hospital St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 3115 Michigan St., 57th L.O. 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 Stephan Sum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 27

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. 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 Mo.

MOTHER | 13. NAME John Wenk | 9

FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri | 9

MOTHER | 15. MAIDEN NAME Unknown |

FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri |

17. INFORMANT Carl Sum
 (ADDRESS) 3115 Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL New St. Peter Church
 PLACE July 9, 1932

19. UNDERTAKER Thorey's
 (ADDRESS) 2906 Gravois Ave

20. FILED 7/8 1932 6 L Jervan
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1930, to July 7, 1932
 I last saw her alive on July 7, 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:

Myocarditis Date of onset 1929
92B
93D Other contributory causes of importance: Coronary atherosclerosis

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? no
 If so, specify _____

(Signed) A. H. Cleveland M. D.
 (Address) 3376 Newman St.

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.

AUG 07 1932

