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.

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

Do not use this space.

37683-A

File No.

Registered No. 10377

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. .....

City St. Louis (No. 3823, De Tanty St. St. Ward)

2. FULL NAME Lena M. Bross

(a) Residence, No. 3823 De Tanty St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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: Frederick J. Bross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-20-1866

7. AGE: YEARS 66 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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): Pinkneyville Ill. 2

FATHER

13. NAME: Frederick Mueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Margaret Harmoney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fred W. Mueller 4141 a Magnolia ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cemetery DATE: Nov 23 1932

19. UNDERTAKER (ADDRESS): Wagoner 3621 Olive St.

20. FILED: NOV 23 1932 19 Max C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1932, to Nov 21st, 1932

I last saw her alive on Nov. 21st 1932, 19 Death is said to have occurred on the date stated above, at 5.45 Pm

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

Chronic Myocarditis.

930
97

930

Date of onset

Other contributory causes of importance:
General Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Findings. 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) Dr B. W. Klippel, M. D.

(Address) 3772 So. Broadway.