

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 103
 City St. Louis (No. Enroute City Hospital) St. Ward)

File No. 8002
 Registered No. 2003

2. FULL NAME

(a) Residence, No. 5125³ Greer St., 6 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 1871.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 5 3

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) Edwardsville, Mo.

MOTHER 13. NAME Antoin Wienecke

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs. Elmer G. Kelppe
5125³ Greer

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabvary Cem. DATE March 2 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co.
1107^{1/2} So. Broadway

20. FILED Feb 27 1933 at St. Louis
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Shrump Myocarditis
 Date of onset
 Other contributory causes of importance:

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?
 If so, specify
 (Signed) Ed. J. Sedney M. D.
 (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK--THIS IS NECESSARY TO BE PRESERVED 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.

