

**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. 791
Township..... Primary Registration District No. 113
City St. Louis (No. French Hospital)

21362
File No.
5146
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 4935 Lullwater Ave St. 7 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28-1877</u>		
7. AGE	YEARS	MONTHS
<u>55</u>	<u>9</u>	<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>House work</u>		
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 19 33

22. I HEREBY CERTIFY That I attended deceased from June 2 19 33 to June 11 19 33

I last saw him alive on June 11 19 33 Death is said to have occurred on the date stated above, at 5:10 pm.

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

131 Chronic Nephritis
95B My pericardium
131 Cardiac decompensation

Date of onset 24-1932

Other contributory causes of importance:

131

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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. Careless
(Signed) Careless M. D.
(Address) French Hospital

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

MOTHER

13. NAME Otto Holzgrobe

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

15. MAIDEN NAME Anna Ling

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

17. INFORMANT (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 13 1933

19. UNDERTAKER (ADDRESS) Bronschweig & Co.
4740 W. Florissant

20. FILED 64 12 1933 19 33
J. Brebeck
Registrar.

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.

