

**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. **223**
 City **St. Louis** No. **17** Registered No. **21670**
 St. **St. Alexian Bros. Hospital** Ward **5469**

2. FULL NAME

(a) Residence, No. **3816 Flag Ave.** St. **17** Ward **17**
 (Usual place of abode)
 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
 5A. (F MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF (OR) WIFE OF **Eva Uschmig nee Grimm**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 10, 1856**
 7. AGE YEARS **77** MONTHS **3** DAYS **12** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Locksmith**
 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) **Germany**

13. NAME **Not known**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Theo. P. Grimm, 2071 Lehighboro Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Missouri Cemetery** DATE **June 24, 1933**

19. UNDERTAKER (ADDRESS) **Mat. H. ... 216 ...**

20. FILED **IN 23 1933** **J. F. Bredeck** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22, 1933**
 22. I HEREBY CERTIFY, That I attended deceased from **11-15-** 19 **33** to **6-22-** 19 **33**
 I last saw him alive on **6-21-** 19 **23** Death is said to have occurred on the date stated above, at **4:10** A. m.
 The principal cause of death and related causes of importance were as follows:

Stroke
177 Arterio-sclerosis
MB
10
 Other contributory causes of importance:
Cerebral Cadaveria
Terminal Pneumonia
me, wbor.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? **Physiologic** 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) **W. P. ...** M. D.
 (Address) **378 S. ...**

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.

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