

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

Do not use this space.

25073

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. (1) (1)
City St. Louis (No. 4706 Newport)

File No.
Registered No. 6490
St. Ward)

2. FULL NAME

(a) Residence, No. 4706 Newport St., 15 Ward.

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. Himmelberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933

22. I HEREBY CERTIFY That I attended deceased from July 24 1933 to July 27 1933

I last saw h. alive on July 24, 1933. Death is said to have occurred on the date stated above, at 12:30 A. m.

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

Paralysis Agitans Date of onset
1933

87B 814

Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>W. Novak</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Anderson</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT <u>May Hammalberg</u> (ADDRESS) <u>4706 Newport</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Peter's Park</u> DATE <u>July 27</u> 19 <u>33</u>	
19. UNDERTAKER <u>Arthur J. Donnelly and Co.</u> (ADDRESS) <u>3840 Lindbergh</u>	
20. FILED <u>JUL 26 1933</u> <u>J. Bredeck</u> Registrar.	

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..... (Signed) Arthur J. Donnelly, M. D. (Address) 5005 A Grand

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.

5005^a Gravio

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