

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

Do not use this space.

25122

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1171
 City St Louis (No. Northern Hospital) St. Ward)

File No.
 Registered No. 6511

2. FULL NAME

(a) Residence, No. 4525 Evans Ave 11 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 67

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

11. 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) Hamilton Ohio

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

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

17. INFORMANT Paul Wiesner
 (ADDRESS) 4525 Evans Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial PK DATE July 28 1933

19. UNDERTAKER William Kelly
 (ADDRESS) 1416 N Taylor St

20. FILED JUL 28 1933 J. F. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 26 1933
 I first saw him alive on July 26 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral apoplexy Date of onset 7/25/33
Arterio sclerosis
Hypertension

Name of operation none 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? no
 If so, specify
 (Signed) Eugene A. Vagel, M. D.
 (Address) 3132 Cherokee

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.

AUG 26 1933

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3132 Cherokee
3 to 5