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.

SEP 26 1933

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

Do not use this space. 27545

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 789 B — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 242
Cl. Parsonville (No. 8536 Natural Bridge Road St. Ward)

2. FULL NAME Josephine Lederle
(a) Residence, No. 8536 Natural Bridge Rd. (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: Julius Lederle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4, 1848.
7. AGE: YEARS 85 MONTHS 3 DAYS 23 17 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Housework
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
FATHER
13. NAME: Joseph Straub
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
17. INFORMANT (ADDRESS): Mrs Julius Mueller 8536 Natural Bridge Rd
18. BURIAL, CREMATION, OR REMOVAL: Calvary Cem. DATE Aug. 30, 1933
19. UNDERTAKER (ADDRESS): Jos. W. Clark 1125 Hodiamont Ave
20. FILED 8/28, 1933 Golla Bray N.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from 25th Aug, 1933, to 27th Aug, 1933
I last saw her alive on Aug 27, 1933. Death is said to have occurred on the date stated above, at 8.35 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 93 Chr. Arterio sclerosis () | |
| 8 (generalized) | ? |
| 9 Chr. Myocarditis | |
| Extreme senility Age 85 | |
| 93 | |

Other contributory causes of importance:
Cerebral apoplexy
Hemiplegia involving entire right side. — 3 days

Name of operation: Nom. Date of
What test confirmed diagnosis? Clinical 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) Luke B. Turnon, M. D.
(Address) 3718 Jennings Rd.

3718 Jennings Rd