

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37748

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Overland (No. _____)

Registration District No. 289
 Primary Registration District No. 6039B

File No. _____
 Registered No. 323 Ward _____

FULL NAME

(a) Residence, No. 9115 Lackland St., _____ Ward.

(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. (If nonresident, give city or town and State)

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 Eord Ringen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15-1848

7. AGE YEARS 85 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife
 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) Morgan, Mo.

13. NAME Martin Gronses

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ida Prichard (ADDRESS) 9115 Lackland

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton, Mo. DATE 11-4-1933

19. UNDERTAKER Boymann Bros. Inc. (ADDRESS) 2501 Woodson Overland, Mo.

20. FILED 11/2/33 19 33 Overland, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 19 32, to Nov 1st, 19 33

I last saw her alive on Nov 1st, 19 33 Death is said to have occurred on the date stated above, at 10:50 P. M.

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

Nov 1st 1933 Date of onset

Chronic Myocarditis

Other contributory causes of importance _____

Name of operation ✓ Date of _____

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external cause (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) J. Prichard, M. D.

(Address) 9115 Lackland Ave

