WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 24 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6495

Township ..... Primary Registration District No. 1003 Registered No. 1336

City St. Louis (No. 1814 South 13 Str. St. ..... Ward)

2. FULL NAME Katerina Grulich

(a) Residence, No. 1814 South 13 Str. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Grulich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23, 1865

7. AGE: YEARS 68 | MONTHS 2 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Bohemia

FATHER

13. NAME: Joseph Robinek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Joseph Grulich 1814 South 13 Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE Feb. 6, 34 19

19. UNDERTAKER (ADDRESS): Mr. C. Moydell 1936 Allen Av

20. FILED FEB -6 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1934, to Feb. 4, 1934

I last saw her alive on Feb 4, 1934. Death is said to have occurred on the date stated above, at 2 A.m.

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

Apoplexy

Date of onset

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Other contributory causes of importance: Hypertension c̄ cardio-vascular renal

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? No

If so, specify .....

(Signed) Wm. J. Wotawa, M. D.

(Address) 3804 Wilmington Ave