

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Central

Primary Registration District No. 6248H

City Richmond Heights (No. St. Mary's Hosp.)

File No. 11494
Registered No. 49
St. _____ Ward _____

2. FULL NAME Lizzie Grassmuck

(a) Residence, No. 2850 Providence St. Ward. Webster Groves, Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Grassmuck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1847</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>3</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>
	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) St. Louis Mo.
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME Herman Henry

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

15. MAIDEN NAME Mary Spellbrink

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

17. INFORMANT Mrs. J. Berliby
(ADDRESS) 830 Providence

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE 3/21/34

19. UNDERTAKER Croghan Und. Co.
(ADDRESS) 7176 Manchester Ave.

20. FILED 3/21 1934 Bertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/34

22. I HEREBY CERTIFY That I attended deceased from Jan. 11, 1934 to March 19, 34
that saw her alive on March 18, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute Cordiac
degeneration
1748
138/180A
Other contributory causes of importance:
arteriosclerosis
hypertension
Lower Lung Endocarditis

Date of onset 3/19/34
6

Name of operation _____ Date of _____
What test confirmed diagnosis? Heart Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Jan. 11, 1934

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home, fall from chair fracture of Pelvis
Manner of injury _____
Nature of injury fractured Pelvis

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. O'Malley, M. D.
(Address) Webster Groves, Mo.

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.

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

APR 25 1934

