

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Enroute City Hospital**) St. .... Ward) **14**

File No. **22682**  
 Registered No. **6529**

**2. FULL NAME** *Julia Medae*

(a) Residence, No. **5435 Nottingham St.** Ward. **14**  
 (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 **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John A Medae**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 12 1862**  
 7. AGE YEARS **71** MONTHS **7** DAYS **18** If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **House Work**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home**  
 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** (STATE OR COUNTRY) **Missouri**

MOTHER FATHER 13. NAME **Frederick Lepp**

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

15. MAIDEN NAME **Margaret Spier**

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

17. INFORMANT **Mrs. Joseph Barry** (ADDRESS) **5091 Murdoch**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Pk Cem.** DATE **July 3** 19**34**

19. UNDERTAKER **Trigshausen Mortuaries** (ADDRESS) **4222 S. Kingshighway Blvd**

20. FILED **L-2 1934** **J. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-30-14** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **4:30** p.m.

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

**Fractures of Skull**  
**Laceration of Brain, Fractured Ribs received when struck by auto in St. Louis, Mo.**  
 Other contributory causes of importance:  
**Deceased was a pedestrian**  
**110 accident.**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **6/30**, 19**34**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Public Place**

Manner of injury **Struck by auto**

Nature of injury **Fractures of Skull**

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **Harold P. Debus**

(Address) **1/2 34**

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 15 1934

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

