

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.

NOV 13 1934

791

37763

1. PLACE OF DEATH

County
Township
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *10216*
St. Ward)

2. FULL NAME

(a) Residence, No. *5502 Delmar St.* *5* Ward.

(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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank W. Julier*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 25-1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *Buffalo N. Y.*

13. NAME *Peter Young*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Julia*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT *Frank W. Julier*

(ADDRESS) *5502 Delmar Blvd.*

18. BURIAL, CREMATION, OR REMOVAL *Wadhalla Cemetery Oct 22nd 34*

19. UNDERTAKER *C. R. Lupton & Sons*

(ADDRESS) *4449 Delmar St.*

20. FILED *507 22 34 19* *J. F. Dreher* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 19th 1934*

I HEREBY CERTIFY, That I attended deceased from *July 15th 1934* to *Oct 19 1934*
I last saw her alive on *Oct 19th 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:

Toxic nephritis
Acute Nephritis
115
130

Date of onset *3 weeks*

Other contributory causes of importance: *Jaundice*
1 week

Name of operation *None* Date of

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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 *Joseph Davis* M. D.
(Address) *Century Bldg*

Fischel
Burford

2-5 Pan
Ga 1276

