

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

Do not use this space.

MAR 28 1935

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *786*

Township

Primary Registration District No. *4469*

City *Maplewood, Mo.*

(No. *2820 Bartold Ave*)

File No. *6716*

Registered No. *9*

St.

Ward

2. FULL NAME *Louisa Graner*

(a) Residence, No. *2820 Bartold Ave.* St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *2 yrs.* - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 5, 1857*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *77 7 17*

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

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) *St. Louis Missouri*

13. NAME *Robert Spellman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known Germany*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known Germany*

17. INFORMANT (ADDRESS) *Joe Graner 2820 Bartold Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Frieders* DATE *Feb. 25 1935*

19. UNDERTAKER (ADDRESS) *Chedmen & Sons 3724 W. 20th St.*

20. FILED *Mar 10 1935* *Pauline Breitenst* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 22, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 1st, 1935, to Feb. 22nd, 1935*

I last saw her alive on *Feb. 21st, 1935* Death is said to have occurred on the date stated above, at *11:45 a.m.*

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

Apyretic Pneumonia. Date of onset *2-16*

Other contributory causes of importance: *Mechanical Aspiration and Dental Afd.*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

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?

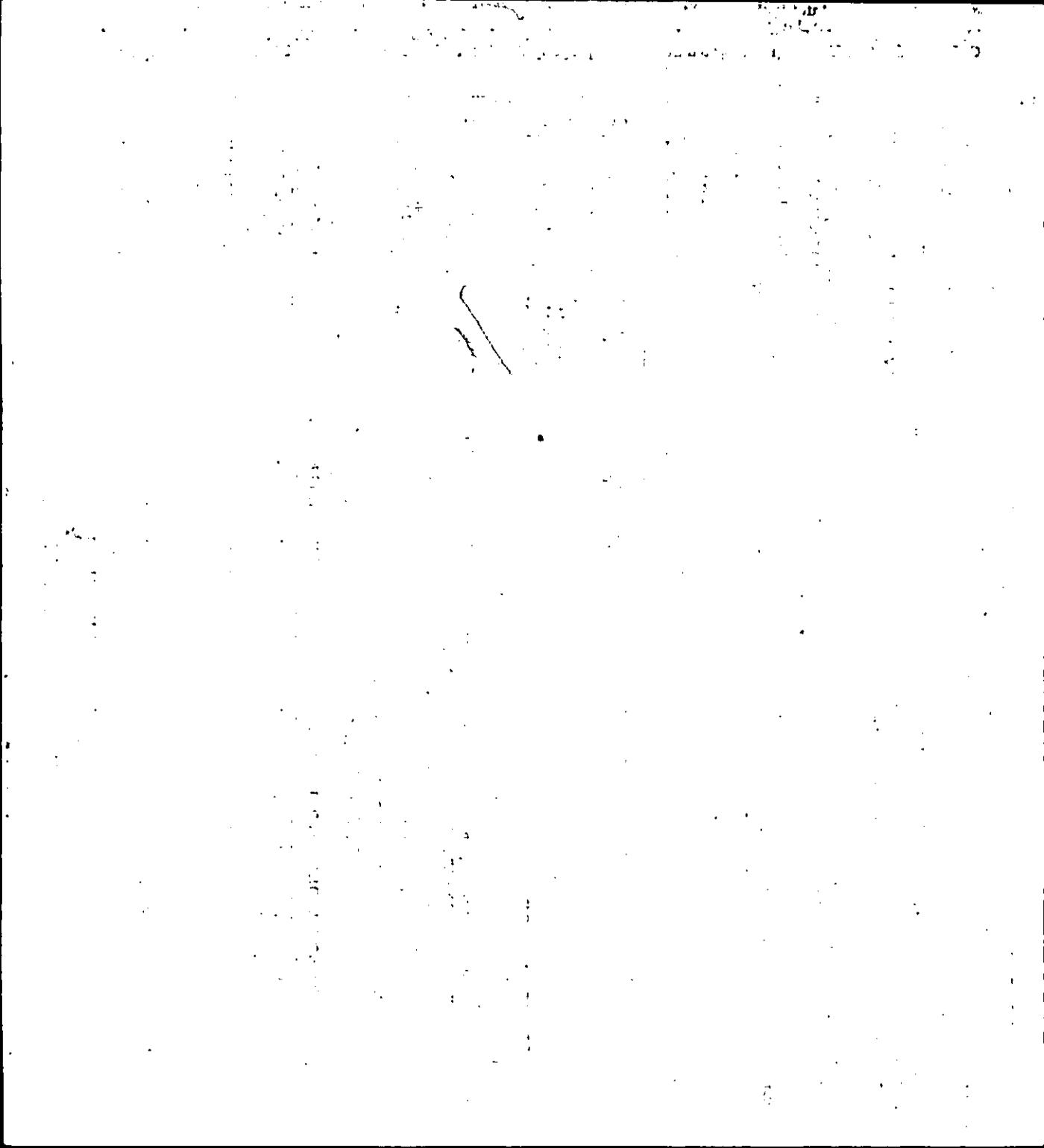
If so, specify (Signed) *Dr. Theo. F. Peil* M. D.

(Address) *7465 Hazel Ave.*

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.

WHITE PEARL, WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 786

Township _____ Primary Registration District No. 4469

City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 9

2. FULL NAME

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

(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) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 7 17

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS)

20. FILED Mar 10 1935 Pauline Breitenstein (Address) _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1935

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

I last saw h. _____ on _____ 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

epidemic pneumonia Date of onset _____

Bronchial

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) _____, M. D.

SEARCHED INDEXED SERIALIZED FILED

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAY 1 1984

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