

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

Do not use this space.

MAY 13 1935

791
1003

14795

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *M. Lewis* (No. *4450, Pennesse*) St. Ward)

2. FULL NAME

Louise G. Varnbrack

(a) Residence, No. *4450 Pennesse* St., *10* 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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frederick Varnbrack*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 21, 1855*

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
79 8 10

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. *None*

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) *Germany*

13. NAME *Frank Meyer*

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

15. MAIDEN NAME *Don't Know*

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

17. INFORMANT (ADDRESS) *Mrs. Sophia Weiland*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Home* DATE *4-24, 1935*

19. UNDERTAKER (ADDRESS) *Transt. Und. Co.*

20. FILED *PPR 22, 1935*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-21st, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *1933*, 19... to *April 21*, 19...
I last saw her alive on *April 17*, 19... Death is said to have occurred on the date stated above, at *7:50 p.m.*

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

Chronic Myocarditis

93C

Other contributory causes of importance:

General Hypertension

Name of operation *none* Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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

(Signed) *Roland R. Meroun*, M. D.

(Address) *5330 Geraldine*

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.

WHILE FILING, WITH CHANGING INADVERTENTLY IS A PERMANENT RECORD

Dr. McLean
5:20 Burial time
8-9 AM
1-2 PM