

MAY 14 1935

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

Do not use this space.

17870

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St Louis, Mo.* (No. *3139 Portia Ave*) St. Ward

File No.
Registered No. **4185**
St. Ward

2. FULL NAME

Ella Grotspeter

(a) Residence, No. *3139 Portia* St., *16* 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 *F* 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 *Edward A.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 29 - 1876*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 5 4

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

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 Mo.*

13. NAME *John Sack*

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

15. MAIDEN NAME *Sarah Fuchman*

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

17. INFORMANT *Edward A. Grotspeter*
(ADDRESS) *3139 Portia*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St Matthews Cem* DATE *May 16 1935*

19. UNDERTAKER *John Zimmerman Bros*
(ADDRESS) *7027 Chevreuil Ave*

20. FILED *MAY - 9 1935* *J. B. Bedeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 3 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 23 1935*, to *May 3 1935*, 19*35*

I last saw h. a. alive on *May 3 1935*. Death is said to have occurred on the date stated above, at *944 E.*

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

*Coronary atherosclerosis
apoplexy*

Date of onset
4/23/35

Other contributory causes of importance:

chronic hypertension

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) *J. A. Audinsten*, M. D.

(Address) *4030 Choutan*

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.

THIS IS A PERMANENT RECORD

4185

4186

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

OFFICE OF THE ASSISTANT SECRETARY

FOR PLANT INDUSTRY, UNITED STATES DEPARTMENT OF AGRICULTURE

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