

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4007 N 11th St)

File No. 18296
Registered No. 4644
St. _____ Ward _____

2. FULL NAME CRESCENTIA GRUMICH

(a) Residence, No. 4007 N 11th St. 266 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 26 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, Fred J Grumich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 --- 3 M 28 D

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

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

13. NAME Anton Schmidt

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

15. MAIDEN NAME Elisabeth Leber

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

17. INFORMANT (ADDRESS) Fred J Grumich 4007 N 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY May 27th 1935

19. UNDERTAKER (ADDRESS) Edward J. Kelly 3514 14th St

20. FILED MAY 25 1935 19 J. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 23 1935

I last saw him alive on May 23 1935 Death is said to have occurred on the date stated above, at 7:55 p.m.

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

Upper Intestinal Hemorrhage caused by ulcer of intestinal tract to secondary anemia. Cause of Ulcer unknown. Non-traumatic

chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical findings 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? no
If so, specify _____

(Signed) Jos. Kessler M. D.
(Address) 3504 714th St.

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.

