

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.

SEP 18 1935

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City St. Louis (No. St. Anthony's Hospital Ward) (Registered No. **6848**)

27797

2. FULL NAME

(a) Residence, No. 2021 Chippewa St. Ward. 24  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hra. or .....min.
	<u>69</u>	<u>0</u>	<u>25</u>	

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 .....  
St. Louis Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Joe Grunhard

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) William Richman 2021 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Aug 23

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 Broadway

20. FILED AUG 10 1935 J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-35, 1934, to 8-9, 1935.

I last saw him alive on 8-8, 1935. Death is said to have occurred on the date stated above, at 7:41 a.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of rt breast Date of onset: 1932

Other contributory causes of importance: 60

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? no  
If so, specify .....  
(Signed) W. Jones M. D.  
(Address) 3616 S. Broadway

