

FEB 24 1936

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

Do not use this space.

2833

1. PLACE OF DEATH

County St. Louis  
Township Central  
City (No. 6333, Chatham Ave)

Registration District No. 789  
Primary Registration District No. 6033

File No. ....  
Registered No. 38 St. .... Ward)

2. FULL NAME Wilhelmina Bloss

(a) Residence, No. 5719 Southwest Ave St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adolph Bloss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12, 1852</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>4</u>	DAYS <u>18</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year)	

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

13. NAME Dont know

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

15. MAIDEN NAME Dont know

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

17. INFORMANT Mrs. Bertha Wondrache  
(ADDRESS) 6333 Chatham Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE Jan Feb 1, 1936

19. UNDERTAKER Geo. L. Blitch Inc.  
(ADDRESS) 5966 Easton Ave

20. FILED 2-1-1936 Adl. Beckner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 18, 1935 to Jan 30, 1936  
I last saw her alive on Jan. 27, 1936. Death is said to have occurred on the date stated above, at 330 P. M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Date of onset Nov 1935

Other contributory causes of importance:  
Arteriosclerosis

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19...  
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) Rose Winnie Rose, M. D.  
(Address) 5411 Easton Ave.

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.

W. M. ...  
5411 Barton Ave.

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