

FEB 11 1936

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

Do not use this space.

3174

1. PLACE OF DEATH

County St. Louis
Township 15059
City St. Louis (No. 15059)

Registration District No. 791
Primary Registration District No. 1008
City St. Louis

File No. _____
Registered No. 398
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1309 Clinton Ward 26
(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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66. 2 —

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Stuckley Md

13. NAME Carl Gruenich

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

15. MAIDEN NAME Elizabeth Gray

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

17. INFORMANT (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Law 3 26

19. UNDERTAKER (ADDRESS) Wm F Paschdag

20. FILED 11 1935 19 1935
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1935 to 1/10, 1936
I last saw her alive on 1/10, 1936 Death is said

to have occurred on the date stated above, at 502 m.
The principal cause of death and related causes of importance were as follows:

Fibroid of uterus on twisted pedicle non malignant

Other contributory causes of importance: 186
Senile fracture left mandible

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 1/27, 1935

Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home - became dizzy

Manner of injury fell to floor

Nature of injury fracture of mandible

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) A. C. Ottaway, M. D.
(Address) City St. Louis

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.

WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

