APR 11 1936

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

Do not use this space.

13090

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3161

City St Louis (No. 2824 Arlington ave St. ..... Ward)

2. FULL NAME Julia Margraff

(a) Residence, No. 2824 Arlington St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank C. Margraff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 15, 1859

7. AGE: Years 76 Months 4 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: Unknown Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Frank C. Margraff 2824 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Peter & Paul DATE: 3-26 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED MAR 23 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 22, 1936
I last saw her alive on March 21, 1936. Death is said to have occurred on the date stated above, at 3:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	3/20/36
93C	
Other contributory causes of importance:	
Myocarditis, chronic	
Bronchial Asthma	3/1/36

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) E G Engel, M. D.
(Address) 3272 So Broadway

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.

Dr Engel
Bidmay & Chippewa
10-30-71-30