

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.

**AUG 18 1936**

**28766**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **2133 California Ave.**) St. .... Ward)

File No. .... **7532**  
 Registered No. ....

**2. FULL NAME**

**Mary G. Wurm**

(a) Residence, No. **2133 California Ave.** St. **23** Ward. ....  
 (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Wurm**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 11, 1877.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>59</b>	<b>5</b>	<b>4</b>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **At home**  
 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.**

13. NAME **Frank Vollmer**

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

15. MAIDEN NAME **Mary Hoelscher**

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

17. INFORMANT **Frank A. Vollmer**  
 (ADDRESS) **2133 California Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **July 20, 1936**

19. UNDERTAKER (ADDRESS) **J. N. Gubken Lx & Co. 2842 Leamed St.**

20. FILED **III 17 1936** **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15, 1936**

22. I HEREBY CERTIFY, that I attended deceased from **Aug 20, 1935**, to **July 15, 1936**

I last saw her alive on **July 18, 1936**. Death is said to have occurred on the date stated above, at **5007** m.

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

*Chr. myocarditis*  
*Chr. parenchymatous hepatitis*

Other contributory causes of importance:  
 Date of onset

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?.....  
 If so, specify (Signed) **Richard H. Fulmann**, M. D.

(Address) **4247 S. Grand**

