

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

Do not use this space.

AUG 18 1936

791

20195

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
 Township..... Primary Registration District No. ....  
 City St. Louis, Mo. (No. 4135 A. N. 2nd. St.) St. .... Ward)

**2. FULL NAME Helen H. Grubitz**

(a) Residence, No. 4135 A. N. 2nd. St. St. 9 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/36 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. Grubitz

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936, to July 27 1936  
 I last saw h. alive on July 27 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9th. 1879

to have occurred on the date stated above, at 5:50 A.M  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 3 18

Metastatic carcinoma Date of onset 1934

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

Other contributory causes of importance: Carcinoma uterus 2 years

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

Name of operation Myelotomy Date of 8/1/36  
 What test confirmed diagnosis? Path. Was there an autopsy? No.

FATHER 13. NAME Joseph Altmann

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

MOTHER 15. MAIDEN NAME Antonia Brickner

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

17. INFORMANT Mrs. Clara Weber  
 (ADDRESS) 3904 W. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 7/30/36 1936

19. UNDERTAKER Trans. Und. Co. 3766 N. Grand Blvd.  
 (ADDRESS) JUL 28 1936

20. FILED J. F. Bredeck  
 Registrar.

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.

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Carcinoma  
 (Signed) Arthur L. ... M. D.  
 (Address) 7702 University Street

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.

New South Wales 17-2-21  
2202 University St