

SEP 15 1936

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

Do not use this space.

32673

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 6838 Balson)

File No.....  
Registered No. **8546**  
St..... Ward)

2. FULL NAME

Marj Anna Wulle  
(a) Residence, No. 6838 Balson St. 3 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John F. Wulle</u> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15, 1849</u>                       |  |   |
| 7. AGE YEARS<br><u>87</u>   | MONTHS<br><u>76</u>  | DAYS<br><u>1</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> |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(retired)</u>          |   |
|   | 10. Date deceased last worked at this occupation (month and year)  | 11. Total time (years) spent in this occupation                             |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16, 1936  
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to Aug 16, 1936  
I last saw her alive on aug 15, 1936. Death is said to have occurred on the date stated above, at 2:15 P.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 10 yrs  
Heat exhaustion  
Heat stroke 5 days

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

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) J. H. Simon, M. D.

|   |   |
|---|---|
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pellerite Ill</u> |
|   | 13. NAME <u>Henry Gerhardt</u>  |
| MOTHER  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bavaria</u>       |
|   | 15. MAIDEN NAME <u>Katherine Eberle</u>                               |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bavaria</u>       |
| 17. INFORMANT (ADDRESS) <u>William H. Wulle</u><br><u>6838 Balson Ave.</u>      |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>8/19 36</u> |   |
| 19. UNDERTAKER (ADDRESS) <u>Grashaw Und. Socy</u><br><u>746 Manchester Ave.</u> |   |
| 20. FILED <u>AUG 17 1936</u> <u>J. F. Bredeck</u> Registrar.                    |   |

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.

