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.

FEB 8 1937 791

1. PLACE OF DEATH
County ..... Registration District No. ..... File No. 4065
Township ..... Primary Registration District No. 1003 Registered No. 1108
City St. Louis (No. 3647 Arkansas 2 St. ..... Ward)

2. FULL NAME Elizabeth Wallrapp
(a) Residence, No. 3647 Arkansas St., 16 Ward. 1
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John L. Wallrapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8th, 1881

7. AGE: YEARS 55 MONTHS 11 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

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.: At. Home 235
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. 1

FATHER
13. NAME: Nicholas Fischer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Pauline Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ill. 2

17. INFORMANT (ADDRESS): John L. Wallrapp 3647 Arkansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE 1/26/37 19

19. UNDERTAKER (ADDRESS): Wacker&Helderle 2331 S. Broadway

20. FILED JAN 25 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1936, to Jan. 23rd, 1937
I last saw her alive on Jan. 22, 1937. Death is said to have occurred on the date stated above, at 11: A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr
Other contributory causes of importance:	
Arteriosclerosis	1 year

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? .....
If so, specify .....
(Signed) Dr. N. H. Walters, M. D.
(Address) 3608 So. Grand.