MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8193

Township ..... Primary Registration District No. 1003 Registered No. 1642

City St. Louis Mo. (No. 1035 Central Ave. St. ..... Ward)

2. FULL NAME Marie Heil Grabow

(a) Residence, No. 1035 Central Ave. St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Grabow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

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) Germany 10

FATHER

13. NAME Otto Heil 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Marie Neu

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

17. INFORMANT (ADDRESS) Adolph Grabow 1035 Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker Cem DATE Feb. 6, 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 8175 Delmar Blvd.

20. FILED FEB 6 - 1937 J. G. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to Feb 3, 1937

I last saw her alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at 8.35 P.M.

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

Chronic Hypertrophic Arthritis

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 93C

Name of operation none 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) Aug. A. Werner M. D.

(Address) Humboldt Bldg

899

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.A.A.Werner
Humboldt Bldg.
Jeff.7924

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