

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

SEP 10 1937

28822

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS

Registration District No. 791
1003
Primary Registration District No.
(No. 4242^o N. FLORISSANT AVE. St. Ward)

File No.
Registered No. 7455
St. Ward)

2. FULL NAME MARGARET DABROCK

(a) Residence, No. 4242^o N. FLORISSANT St. Ward. 9 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIFE OF OSCAR DABROCK</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 21, 1897</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>	<u>40</u>	<u>3</u>	<u>15</u>	
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.			
	10. Date deceased last worked at this occupation (month and year) <u>JULY 1, 1937</u>			
	11. Total time (years) spent in this occupation <u>21</u>			

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST. LOUIS MISSOURI</u>
	13. NAME <u>EDWARD HOLTGREWE</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST. LOUIS MISSOURI</u>
	15. MAIDEN NAME <u>LENA KRENNING</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST. LOUIS MISSOURI</u>
	17. INFORMANT <u>OSCAR DABROCK</u> (ADDRESS) <u>4242 N. FLORISSANT</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ZIONS CEM.</u> DATE <u>AUG. 9, 1937</u>
	19. UNDERTAKER <u>Stuebner & Sons</u> (ADDRESS) <u>3934 N. 2nd St.</u>
	20. FILED <u>J. Bredeck</u> Regist. <u>AUG 6 1937</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-37 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to Aug 5, 1937
last saw her alive on Aug 5, 1937 Death is said

to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis
93c
Other contributory causes of importance:
Myocarditic phonic

Name of operation Date of
What test confirmed diagnosis? Lab 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 1937
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. B. Marini, M. D.
(Address) 4005 N. Flouissant

