

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

FORM-10-22-38 I X9314

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.

REC'D AUG 7 1939

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

Do not use this space.

26739

1. PLACE OF DEATH ²
 76 County St. Louis Registration District No. 784
 Township Bonneville Primary Registration District No. 200
 City Ballwin (No. _____ St. _____ Ward _____)

2. FULL NAME 615 Rosa Grapevine
 (a) Residence, No. _____ St. _____ Ward _____
 (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 J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF William Grapevine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. - 11 - 1866

7. AGE YEARS 73 MONTHS 2 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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. Time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Conrad Volz

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

MOTHER

15. MAIDEN NAME Solonia Haas

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

17. INFORMANT Frederick Hartig (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon Mo DATE 7-9-39

19. UNDERTAKER Elbert Edwards (ADDRESS) Bourbon Mo

20. FILED JUL - 9 1939 M. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19 1939 to July 7 1939
 I last saw her alive on July 7 1939. Death is said to have occurred on the date stated above at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic bronchopneumonia Date of onset 7-6-39

Other contributory causes of importance: 131
Chronic myocarditis
Chronic nephritis with edema

Name of operation none 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 home
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. R. Loring M. D.
 (Address) Ballwin Mo.



0600