

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

Do not use this space.

3181

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 909 N. 18th St.)

File No.....  
Registered No. 952  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. 909 N. 18th St. St. 21 Ward.....  
(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 Edward J. Bristol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 26

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

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) Ill 2

13. NAME John Frick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Edward J. Bristol (ADDRESS) 909 N. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Jan 30, 1937

19. UNDERTAKER (ADDRESS) W. Schumann, Karol 1905 Union St.

20. FILED 21 22 19 M. C. Sturtevant Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1937

22. I HEREBY CERTIFY, that I attended deceased from Oct 30, 1931, to Jan 27, 1937. I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

Apoplexy  
Cerebral Hemorrhage  
82A  
97  
82A

Date of onset 1 day  
3 mo

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation Cluclat Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury....., 19.....  
Where did injury occur? 0  
(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 Vincent J. Mulla, M. D.  
(Signed) 2731 Franklin A  
(Address)

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.

W  
Main Road, 1/2  
Jefferson & Marshall

9-10

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