

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.

6589

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1009
City..... (No. 4007 W 11 Str)

File No.....
Registered No. 1663
St..... Ward.....

2. FULL NAME

(a) Residence, No. 4017 N 11 Str, St. 26 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 <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>Frank Greber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-18-1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis mo 1</u>		
MOTHER FATHER	13. NAME <u>George Wilhelm</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany 11</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Frank Greber</u> (ADDRESS) <u>4017 W 11 Str.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>2-22 1932</u>		
19. UNDERTAKER <u>H. A. Stock and Co</u> (ADDRESS) <u>2119 E. Grand</u>		
20. FILED <u>553 20 1932</u> 19 <u>32</u> <u>May C. Parker</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1931, to Feb 18th, 1932
I last saw her alive on Feb 18th, 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 2
93C
95B
93C
Other contributory causes of importance:
Cardio-renal disease year

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....., 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..... (D)
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) John S. Sanders, M. D.
(Address) 2102 University St

