

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

Do not use this space.

7064

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City (No. Marylands Heights) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Annice Wipke  
 (a) Residence, No. Marylands Heights St. \_\_\_\_\_ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 3 9

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. At home  
 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) St. Louis Missouri

13. NAME Ferdinand Hoffmann

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

15. MAIDEN NAME May Grobstein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Marnie McElroy 3931 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Cem. DATE Feb 14, 1933

19. UNDERTAKER (ADDRESS) Geo. L. Pleitach Inc. 5866 Eastern Ave.

20. FILED 3/6 1933 Emma J. Harris Registrar.

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 11, 1933  
 I last saw h. ex. alive on Feb 11, 1933 Death is said to have occurred on the date stated above, at 4:55 p. m.  
 The principal cause of death and related causes of importance were as follows:

92A  
107A  
Valvular Disease of Heart Feb 9 33  
 Other contributory causes of importance:

Bronchial Pneumonia (Cont'd) Feb 10 33

Name of operation 92A 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? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. W. Frazier, M. D.  
 (Address) 7 South Olive St.

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.

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2500 Non-attendance

12 to 2

Transit 3300

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