

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

Do not use this space.

7276

**1. PLACE OF DEATH**

County..... Registration District No. 711  
Township..... Primary Registration District No. 11033  
City St. Louis (No. 4037) Green Sea Place St. (Registered No. 1204)  
Ward)

**2. FULL NAME**

(a) Residence, No. 4037 Green Sea Place St. 10 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. (If nonresident, give city or town and State)

**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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Mull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>At Home</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Anthony Howard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Agatha Ulrich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>John W. Mull</u> <u>4037 Green Sea Place</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>Feb 3</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Mat. Hermann and Son</u> <u>316 East Fair Ave.</u>		
20. FILED <u>FEB - 2 1933</u> <u>Max C. Starkloff</u> Registrar.		

**4. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 7 1933 to Feb 1 1933  
I last saw him alive on Feb 1 1933 Death is said to have occurred on the date stated above, at 3:50 P. M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of the Caecum. Date of onset ?  
Chronic Brights Disease  
Hypertension  
Atherosclerosis

Other contributory causes of importance  
460

Name of operation \_\_\_\_\_ 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? NO  
If so, specify \_\_\_\_\_  
(Signed) Robert O. Wolward M. D.  
(Address) 4356 Warner ave

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.

