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

Do not use this space.

28260

File No. 257
Registered No.

1. PLACE OF DEATH
County: St Louis central — Registration District No. 790
Township: ~~Richmond Heights~~ — Primary Registration District No. 6033
City: ~~St. Louis~~ Mo. Ward: ~~St. Louis~~ No. St. Mary's Hospital St. Ward)

2. FULL NAME: Marjorie T. Mackle

(a) Residence. No. 5415 S. Kingshighway 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): —

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 29 - 1927

7. AGE: Years —; Months —; Days 1; If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Vincent D. Mackle
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): St Louis, Mo
12. MAIDEN NAME OF MOTHER: Amelia Baehlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): St. Louis Mo

14. INFORMANT: Vincent D. Mackle
(Address): 5415 S. Kingshighway

15. FILED 9/30 1927 J. B. Hudson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 30 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1927, to Sept 30, 1927, that I last saw her alive on Sept 30, 1927, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Born normal baby probably internal hemorrhage

1100 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1618 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Sam L Barnett, M. D
9/30, 1927 (Address) 5427 Delmar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem.
DATE OF BURIAL: 10-1-1927
20. UNDERTAKER: Peetz Bros. 3029
ADDRESS: Lafayette

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.

THIS IS A PERMANENT RECORD

OCT 2 3 1967