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

Do not use this space.

29623

85

1001

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1087

City St. Joseph, (No. 2429 South I7 Street St. Ward)

2. FULL NAME Mary Helen Awender

(a) Residence. No. 2429 South I7 Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2I yrs. 9 mos. 29 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan.23.I906.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	2I	9	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Peter Awender

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Lena Shenk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria
(STATE OR COUNTRY) Hungary

14. INFORMANT Peter Awender
(Address) 2429 South I7 Street

15. FILED OCT 24 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October.22 1927.

17. I HEREBY CERTIFY, That I ~~attended~~ Poster deceased ~~from~~ on Oct 23, 1927, to , 19 that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Died as result of taking some strong escharotic drug into stomach the name undetermined. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Probably taking with suicidal intent (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 163-X-

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem findings

(Signed) J. W. Mays Coroner, M.D

Oct.24, 1927. (Address) St Joseph Mo

*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	DATE OF BURIAL
Mount Olivet Cemetery	Oct.25 1927
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union Str.

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.