

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

Do not use this space.

31776

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. Deaconess Hosp.)

File No.
 Registered No. 9129
 St. Ward)

2. FULL NAME

Marion W. Huette

(a) Residence. No. 5949 Bates St., 5 Ward.

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 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 Dr. V. L. Huette

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18/1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
<u>70</u>	<u>1</u>	<u>24</u>		

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

9. BIRTHPLACE (CITY OR TOWN) St. Johns
 (STATE OR COUNTRY) Newfoundland

10. NAME OF FATHER Robt. Wishard

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

12. MAIDEN NAME OF MOTHER Margaret McNeil

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

14. INFORMANT Mr. J. C. Kilbeck
 (Address) #5949 Bates Ave.

15. FILED CCT 13 1927 Mar. b. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 12th, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927 to Oct 12, 1927 that I last saw her alive on Oct 12, 1927 and that death occurred, on the date stated above, at 4:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile
164
 (duration) 3 yrs. — mos. — ds.
 CONTRIBUTORY (SECONDARY) Senile dementia
 (duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. E. Jones M. D.
Oct 13, 1927 (Address) 412 E. 12th St.

*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 Valhalla Cem. DATE OF BURIAL 10-15, 1927

20. UNDERTAKER G. R. Rupton ADDRESS 414 1/2 E. 12th St.

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.

