Dr Henke 2206 Howard 2-3

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

Do not use this space.

34812

File No. 34812

Registered No. 9951

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis Mo. (No. 1808 Cass Ave. St. ..... Ward)

2. FULL NAME Mary Jane Norman Thompson.

(a) Residence. No. 1808 Cass Ave. St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/11/1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	8	24	

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

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

PARENTS

10. NAME OF FATHER Chas. Cavett.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known.

12. MAIDEN NAME OF MOTHER " "

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

14. INFORMANT Charles G. Norman
(Address) 2714 N. 22nd St.

15. FILED NOV 7, 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/5/27 19

17. I HEREBY CERTIFY, That I attended deceased from July, 1927, to Nov. 5, 1927, that I last saw her alive on Nov. 4, 1927, and that death occurred, on the date stated above, at 3 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Paren. Nephritis
1290 131 97
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) General Arterio-Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A F Henke, M.D.
Nov 7, 1927 (Address) 2206 Howard 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	DATE OF BURIAL
Bellefountain.	11/8/27 19

20. UNDERTAKER	ADDRESS
Provost Und Co	3710 N Grand.

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.