

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

Do not use this space.

38646

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City of St. Louis**)

File No.

Registered No. **11344**

St.

Ward)

2. FULL NAME

(a) Residence. No. **2523 Benton St.** **20** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **18** yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Divorced*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 21 1889*

7. AGE YEARS *38* MONTHS *4* DAYS *26* **IF LESS than 1 day, ... hrs. or ... min.**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER *John Maffey*

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

12. MAIDEN NAME OF MOTHER *Mary Reed*

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

14. INFORMANT (Address) *City of St. Louis*

15. FILED **DEC 19 1927** *Max C. Starck*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 17 27*

I HEREBY CERTIFY That I attended deceased from *Nov 10 1927* to *Dec 17 27* that I last saw h. *alive* on *Dec 17 27*, and that death occurred, on the date stated above, at *205 St.*

THE CAUSE OF DEATH WAS AS FOLLOWS: *cause of death*
lung abscess tubercular in nature
Multiple lung abscess
hemorrhage from lung
114B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *totally ruptured vessel*
in lung abscess (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *10701*
IF NOT AT PLACE OF DEATH

8 Did an operation precede death? DATE OF

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *John M. Starck* M. D.
17 27 (Address) *City of St. Louis*

*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 *Red Bud St* **DATE OF BURIAL** *Dec 20 1927*

20. UNDERTAKER *Central* **ADDRESS** *1841 Cass*

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.

DEPARTMENT RECORD

Alhager