

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

Do not use this space.

2514

1. PLACE OF DEATH

County City of St. Louis  
Township \_\_\_\_\_  
City St. Louis (No. 54 Vandeventer Place)

Registration District No. 701  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 0 46  
St. \_\_\_\_\_ Ward)

2. FULL NAME Mary Collier Hitchcock

(a) Residence. No. 54 Vandeventer Place 19 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 95 yrs. 10 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED  
Widow of  
Henry Hitchcock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25<sup>th</sup> 1832

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
95 10 6

8. OCCUPATION OF DECEASED

(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) City of St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George Collier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Francoise E. Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles  
(STATE OR COUNTRY) Mo.

14. INFORMANT Geo. E. Hitchcock  
(Address) 5363 Waterman Ave.

15. FILED JAN - 2 1928 Marb Startoff  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 27, to Jan 1, 19 28 that I last saw h. alive on Dec 31, 19 27, and that death occurred, on the date stated above, at 12:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumo pneumonia  
1736  
101A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis  
(duration) 10 yrs. \_\_\_\_\_ 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) Albert E. Tauszig, M. D.

Jan 2, 19 28 (Address) 3720 Washington  
\*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 Bellefontaine DATE OF BURIAL Jan 3 19 28

20. UNDERTAKER wagon ADDRESS 3624 Olive

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.

