

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

Do not use this space.

2774

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003 File No. 1 349
 City St. Louis (No. # 583) Cabanne, Ave. St. Ward

2. FULL NAME

(a) Residence. No. 1050 Pence de la Harpe St. Atlanta Ga
 (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.M. Stolz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-7-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
58 | 9 | 2

8. OCCUPATION OF DECEASED 92A
 (a) Trade, profession, or particular kind of work at Home 95B
 (b) General nature of industry, business, or establishment in which employed (or employer) 112
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

10. NAME OF FATHER H. F. Woolley

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

12. MAIDEN NAME OF MOTHER Mary J. McDaniel

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

14. INFORMANT Mrs. Winters
 (Address) 5831 Cabanne

15. FILED 11 10 1928 mau & Starroff
 19. REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan'y 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7th 1927, to Jan 9th 1928 that I last saw her alive on Jan 7th 1928, and that death occurred, on the date stated above, at 10¹⁵ A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
enlarged heart with mitral regurgitation

CONTRIBUTORY (SECONDARY) Senile Asthma
non Tubercular (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED 900
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? 900 DATE OF.....

18 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed) S. F. Quinteros, M. D.

*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 Atlanta Ga DATE OF BURIAL Jan 11 1928

20. UNDERTAKER C. R. Rupton ADDRESS 1111 Olive St
#4449

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.

