

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

Do not use this space.

2788

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, (No. St. Anthony Hospital) St. _____ Ward)

File No. _____
 Registered No. 1366

2. FULL NAME

Mary K. Vennewitz

(a) Residence. No. 4138 Pennsylvania Avenue. 15 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

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 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 Carl J. Vennewitz.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1856.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>71</u>		<u>1</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home 46C
 (b) General nature of industry, business, or establishment in which employed (or employer) 123A
 (c) Name of employer 129

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

10. NAME OF FATHER John Fischer.

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

12. MAIDEN NAME OF MOTHER Caroline Glasstater

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

14. INFORMANT [Signature]
 (Address) 4138 Pennsylvania Avenue

15. FILED Jan 11 1928 Max C. Starkloff
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-10-1928

17. I HEREBY CERTIFY That I attended deceased from Jan 8 1928 to Jan 10 1928
 that I last saw h. e. alive on Jan 10 1928, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mysocarditis Chronic 2 PM
Cardenoma Corcum 5 PM

CONTRIBUTORY (SECONDARY) Perforation colon (duration) yrs. mos. ds. 4
Peritonitis (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 4139 Pennsylvania

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) Belau & Youngman, M. D

1/11 1928 (Address) 5439 Brown

*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 Calvary Cemetery DATE OF BURIAL Jan. 13 1928

20. UNDERTAKER J. H. Huber & Sons H. Co ADDRESS 2342 Keranec

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.

