

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

Do not use this space.

7099

1. PLACE OF DEATH

County..... Registration District No. 701 File No.
Township..... Primary Registration District No. Registered No. 2069
City St. Louis (No. 1404 Ferry Street St. (Ward)

2. FULL NAME

Mary Ann Hines
(a) Residence. No. 1404 Ferry Street, 9th 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

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

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Hines

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9, 1837

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	90	4	15	

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

9. BIRTHPLACE (CITY OR TOWN) Stroudsburg
(STATE OR COUNTRY) Penn.

10. NAME OF FATHER Peter Leikham

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

12. MAIDEN NAME OF MOTHER Katherin Berger

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

14. INFORMANT Waldo P. Hines
(Address) 1404 Ferry St.

15. FILED 453 25 1923 Marie Staroboff
19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 20, 1928, to Feb. 24, 1928, that I last saw her alive on Feb. 24, 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10E (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 10A
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. J. Lieberman M.D.
2/25, 1928 (Address) 3621 N. 70th 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 St. Charles Mc DATE OF BURIAL Feb. 26 1928

20. UNDERTAKER Math. Hermann & Son ADDRESS 4103 1/2 West Florissant Ave

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

