

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

Do not use this space.

14686

1. PLACE OF DEATH

County St. Louis
Township Clayton
City St. Louis (No. 8)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. 26
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 8 Brentwood St., _____ Ward.

(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) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Siegrist

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 | 7 | 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) New Orleans La.

10. NAME OF FATHER John Farar

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

12. MAIDEN NAME OF MOTHER Mary York

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) New Orleans

14. INFORMANT (Address) Mr. Garrison 8 Brentwood

15. FILED 4/3 1928 J. B. Sudduth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4, 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-15, 1928, to 4-1, 1928, that I last saw her alive on 4-1, 1928, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiovascular degeneration - several (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) Hank St. Jij M. D.

4-2-1928 (Address) Brentwood Bldg.

*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 DATE OF BURIAL Apr 3 1928

20. UNDERTAKER Wegman ADDRESS 3627 Olive

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.

