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.

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

Do not use this space.

15251
15520

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. 1629 Hogan St St. ..... Ward)

File No. .....
Registered No. 4463

2. FULL NAME Lydia Fuegner

(a) Residence. No. 1629 Hogan St St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 - 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	1	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 92 91
(b) General nature of industry, business, or establishment in which employed (or employer) 95
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Martin Walters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Mary Sieckman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Harry R. Fuegner
(Address) 1629 Hogan St

15. FILED FR 24 1928, 19 Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1928

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928, to April 23, 1928 that I last saw her alive on April 22, 1928, and that death occurred, on the date stated above, at 8 00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Endocarditis Acute Dilatation of Heart,

A ..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) (Chronic) Mitral Regurgitation Aortic Regurgitation ..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

8 (Signed) Lind F Siegel, M. D
4/24, 1928 (Address) 1901 Madison,

*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 April 26 1928

20. UNDERTAKER Hy Leidner Und Co
ADDRESS 1417 N Market St.