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

Do not use this space.
15711
~~15442~~

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 5223 N. 20th St. ..... Ward)

File No. .....
Registered No. 4676

2. FULL NAME Sister Mary Longina Dauwe (DAUWE)

(a) Residence. No. ..... St., 9 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6. 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	6	22	

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

9. BIRTHPLACE (CITY OR TOWN) Teutopolis
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Henry Joseph Dauwe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Cath. Willis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

14. INFORMANT Sister M. Placidia
(Address) 5223 North 20th St

15. FILED APR 30 1928 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-21- 1928, to 4-28- 1928, that I last saw her alive on 4-28- 1928, and that death occurred, on the date stated above, at 11:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Rt. Lung
108
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 101 A
(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? Physical Findings
(Signed) Dr. Francis J. Hedler M. D
, 19 (Address) Univ. Clin. 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: 5/1 1928

20. UNDERTAKER: Hoffmeister U & L Co
ADDRESS: 7814 S Bdwy

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.