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

Do not use this space.

9

15745 J

File No. .....

Registered No. 4718

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. 1803 Ohio St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Elizabeth Vivian Blaetterman

(a) Residence. No. 1803 Ohio St., 28 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	9	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) Wilksboro
(STATE OR COUNTRY) N Carolina

PARENTS

10. NAME OF FATHER John Green

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

12. MAIDEN NAME OF MOTHER Mary Shores

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

14. INFORMANT Harry Blaetterman
(Address) 1803 Ohio

15. FILED ..... 19.. Max C Hankey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr-23, 1928, to Apr-30, 1928, that I last saw her alive on Apr. 28, 1928, and that death occurred, on the date stated above, at 3:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

92A 90d (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... 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? .....

(Signed) B. J. Wiesner, M. D

May 1, 1928 (Address) 2116 Russell Blvd.

*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: Bellefontaine Cemetery

DATE OF BURIAL: 5/3/ 1928

20. UNDERTAKER: S W McLaughlin

ADDRESS: 1631 Missouri 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.