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.

19108

File No.
Registered No. 5528

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. 1100 Wyoming St. St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Mary T. Liethegener

(a) Residence. No. St., 24 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1st 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home 11A
(b) General nature of industry, business, or establishment in which employed (or employer) 10A
(c) Name of employer 11B

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

PARENTS

10. NAME OF FATHER Hey Bollwerk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elisabeth Raatmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Margaret Trinkhaff
(Address) 1100 Wyoming St

15. FILED MAY 21 1928 Hal C Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from May 14th, 1928, to May 21, 1928 that I last saw her alive on May 19, 1928, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Grippe Bronchitis Acute non Tubercular

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia with Pleurisy (duration) yrs. mos. 4 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? Clear Clinical findings

(Signed) J. P. Graul, M. D.

5/21, 1928 (Address) 2905 Cherokee 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 Peter & Pauls — DATE OF BURIAL May 24 1928

20. UNDERTAKER J H Gebken La U Co — ADDRESS 2842 Meramec St

Dr H. P. Grant