

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

Do not use this space.

22189

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **6571**

City *St. Louis Mo.* (No. *1952*)

Benton St.

St. Ward)

2. FULL NAME

Mary Ernst

(a) Residence. No. *1952* *Benton* St., *26* 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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 3 - 1860*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>68</i>	<i>-</i>	<i>10</i>	

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

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

10. NAME OF FATHER *Joseph Schroeder*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary Housmeyer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany.*
(STATE OR COUNTRY)

14. INFORMANT *Henry Ernst*
(Address) *1952 Benton St*

15. FILED *IN 15 1923* *Mary O Stankoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 13 19 28*

17. I HEREBY CERTIFY, That I attended deceased from *April 10*, 19*28*, to *June 13*, 19*28* that I last saw h. alive on *June 13*, 19*28*, and that death occurred, on the date stated above, at *2:05 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic Cancer
(duration) *5* yrs. *5* mos. *5* ds.

CONTRIBUTORY (SECONDARY) *44B*
(duration) *5* yrs. *5* mos. *5* ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHOM TEST CONFIRMED DIAGNOSIS *Cachexia Terminalis Etc.*

(Signed) *P. Neidemann*, M. D.

, 19 (Address) *4955 Spalding*

*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 *June 16 19 28*

20. UNDERTAKER *16-y Leidner Und Co St. Market St.*

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.

