

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

Do not use this space.

34063

1. PLACE OF DEATH

County St. Louis
Township Central
City Wentzville (No. 2831 Walnut)

Registration District No. 289
Primary Registration District No. 60230

File No.
Registered No. 320
St. Ward)

2. FULL NAME

(a) Residence. No. 2831 Walnut St., 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1862

7. AGE YEARS MONTHS DYS | If LESS than 1 day, hrs. or min.
66 | 27 | 929

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) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Tom Egan

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mary Stosky
(Address) 2831 Walnut

15. FILED 10/31 1928 Willa Gray REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 15, 1928, to Oct 29, 1928 and that I last saw her alive on Oct 27, 1928 and that death occurred, on the date stated above, at Wentzville, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza and Bronchial Asthma 131
927
11A

(duration) 7 yrs. 1 mo. 2 ds.
CONTRIBUTORY (SECONDARY) Bright's Disease and Labor
abortion, (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPT? No

WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) Jose Missrie Rasic, M. D.
10/31, 1928 (Address) 5411 Easton Ave.

*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 Culsey Cem DATE OF BURIAL Nov 1 1928

20. UNDERTAKER Hardy Funeral Home ADDRESS 4353 Wash St

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.

