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.

34786

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9732

City St. Louis (No. Deaconess Hosp. St. ..... Ward).

2. FULL NAME Mary Smith

(a) Residence. No. 1608 S. 13th St., 23 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. Mar. 1870

7. AGE: abt. 57 Years; 11 Months; Days; If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Lawrence Bauer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Louise C. Menche
(Address) 3622 Shenandoah

15. FILED OCT -3 1928 19 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Jun 2, 1928, to Oct 1, 1928, that I last saw her alive on Oct 1, 1928, and that death occurred, on the date stated above, at 2 45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis chronic

93C
112 908 (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Asthma-Bronchial (duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED non Tubercular

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) Robert Mueller M. D.

Oct 2, 1928 (Address) 3115 So. Grand 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: U. Mathews Cem. DATE OF BURIAL: 10-3 1928

20. UNDERTAKER: Witt Bros. L & U Co. 2929 ADDRESS: S. Jefferson Av.