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.

35054

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City S Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 10030

10384

2. FULL NAME Margaretta Mockle

(a) Residence. No. 8322 Vulcan St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 41 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): ~~Divorced~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 - 1887

7. AGE: Years 41 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edmond Gamache

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Alice Lustre

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ~~Ste~~ Ill
(STATE OR COUNTRY) ~~Hospital Information~~

14. INFORMANT E Kinder
(Address) City Hospital

15. FILED OCT 12 1923 19.. Max C Starkoff
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Oct 11, 1928 that I last saw h.. alive on Oct 11, 1928, and that death occurred, on the date stated above, at 3 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

90B 93F 107A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ?

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy

10/11, 1928 (Signed) Edward Helbing M.D.
(Address) City Hospital

*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: Mt Hope Cem

DATE OF BURIAL: 10-13 1928

20. UNDERTAKER: Weick Bros 2201 So Grand

ADDRESS

Morkly