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.

35233

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 10219

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

City St Louis (No. 5953, Theodosia Ave. St. ..... Ward)

2. FULL NAME Bridget J. Daviess

(a) Residence. No. 5953 Theodosia St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. R. Daviess

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 25, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	9	21	

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): Alton
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY): Don't know

14. INFORMANT: Mr. Harry E. Daviess
(Address) 2916 Victor Ave.

15. FILED OCT 18 1928 Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct 16, 1928, that I last saw her alive on Oct 16, 1928, and that death occurred, on the date stated above, at 11.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93E
118E
903
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Indigestion
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) J. A. Fisher, M. D
, 192 (Address) 5988 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: Valhalla Cem.
DATE OF BURIAL: Oct 19 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton Ave.