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

Do not use this space.

35486

File No. .....

Registered No. 10546

1. PLACE OF DEATH

County .....

Township .....

City St Louis (No. 3522 Tennessee Ave St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1093

2. FULL NAME Mary Vendt

(a) Residence. No. 3522 Tennessee Ave St. 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gottlieb C. Frank

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	0	18	

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) Florissant
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Spies

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

12. MAIDEN NAME OF MOTHER Elizabeth Koester

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

14. INFORMANT Gottlieb C Vendt
(Address) 3522 - Tennessee

15. FILED OCT 27, 1928 Maud Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to October 26, 1928, that I last saw h. alive on October 25, 1928, and that death occurred, on the date stated above, at 2:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis + Cholemia
(Obstruction of Common Bile-Duct 1 Month)
935
126
1210 (duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocardial Degeneration
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED X
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF Refused
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Passed Gallstone via Rectum
(Signed) Walter E. Stark, M. D
10-26, 1928 (Address) 1405 S. Grand

*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 SS Peter Paul — DATE OF BURIAL Oct 29 1928

20. UNDERTAKER Wacker-Helderle — ADDRESS 2331 S Broadway

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.