

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

Do not use this space.

38484

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 793
 City, St. Louis (No. St. Anthony Hospital) St. 11102 Ward.....

2. FULL NAME

Mary Gressy
 (a) Residence. No. 4265 Platte St., 12 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 or (OR) WIFE OF Floyd B. Gressy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 19 - 1897

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 30 | 10 | 25 | |

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

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

10. NAME OF FATHER Frank F. Fike

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

12. MAIDEN NAME OF MOTHER Anna Casey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

14. INFORMANT Floyd B. Gressy
 (Address) 4265 Platte St

15. FILED NOV 13 1928 May C. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 2:00 p.m. Nov. 13, 1928, to 7:45 p.m. 13, 1928, that I last saw her alive on Nov. 13, 1928, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spontaneous Abortion

12 1/2 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Uterine Haemorrhage
 (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
 WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Paul B. Webb, M. D.
 , 19 (Address) 10 N. Grand 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 Calvary Cemetery DATE OF BURIAL Nov. 15 1928

20. UNDERTAKER Cullinane Bros. ADDRESS 1710 N. Grand

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.

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1021 Grand Bl