

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.

1734

1. PLACE OF DEATH

County Jackson
Township North
City St. C. Mo.

Registration District No. 399Primary Registration District No. 1007File No. 326Registered No. 326St. East 26th St. Ward 14**2. FULL NAME**

Mary M. Biersdorf
(a) Residence. No. 3817-E-26th St. 14 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF (OR) WIFE OF**Albert W. Biersdorf**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**June 12-1885**7. AGE**YEARS 73MONTHS 7DAYS 10

If LESS than 1 day, — hrs. or — min.

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)(STATE OR COUNTRY) Miss**10. NAME OF FATHER**Henry Schmelf**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**(STATE OR COUNTRY) Germany**12. MAIDEN NAME OF MOTHER**M. Richter**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**(STATE OR COUNTRY) Germany**14.**INFORMANT Albert W. Biersdorf(Address) 3817-E-26th St.**15.**FILED 1-23-19M. M. CroweAsst

REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan 22 1929**17.**

I HEREBY CERTIFY that I attended deceased from Jan 10 1929 to Jan 22 1929 that I last saw him alive on Jan 11 1929, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Cerebral Hemorrhage**CONTRIBUTORY (SECONDARY)**Chronic nephritis (duration) yrs. mos. da. 9**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS Physical(Signed) A. D. Jones M.D.Jan 22, 1929 (Address) 1019 Aggabaf K. Mo

*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

DATE OF BURIAL

Forest HillJan 24 1929**20. UNDERTAKER**

ADDRESS

Mrs. C. L. ForsterK. C. Mo

