

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

Do not use this space. 3501

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 5515 Labadie)

File No.....
 Registered No. 41
 St..... Ward.....

2. FULL NAME

Mary A. Hain
 (a) Residence. No. 5515 Labadie St. 6 Ward.
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Hain</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 14 1853</u>		
7. AGE YEARS <u>75.</u>	MONTHS <u>10</u>	DAYS <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... Ill.
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>W. Hays</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>W. Smith</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>So. Carolina</u>

14. INFORMANT Mrs. J. Sarli
 (Address) 5515 Labadie Ave.

15. FILED -2 1929 May 2 Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1929
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1927, to Dec. 10, 1928, that I last saw her... alive on Dec. 10, 1928, and that death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
3 A. Mutual regulation
9-10
357K
 (duration) several yrs.
 CONTRIBUTORY (SECONDARY) Auto accident decompensation
 (duration) 3 mos.

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

9 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?..... no
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. H. Paulsen, M. D.
Jan. 1 1929 (Address) 1602 Union Blom

*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 St. Peters
 DATE OF BURIAL 1/4 1929

20. UNDERTAKER W. H. Paulsen
 ADDRESS 5765

2071

