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

Do not use this space.

File No. 3584
Registered No. 170

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. Bethesda Hosp. St. ..... Ward)

2. FULL NAME Ella Dungey

(a) Residence. No. 6049 Hampton Ave. 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. ..... 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 Francis H. Dungey.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 - 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	35	4	10	

8. OCCUPATION OF DEASCED
(a) Trade, profession, or particular kind of work Housewife 1454
(b) General nature of industry, business, or establishment in which employed (or employer) 1454
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Jas Garland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) New Jersey
12. MAIDEN NAME OF MOTHER Anna Hasche
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

14. INFORMANT Mr. Francis H. Dungey
(Address) 6049 Hampton Ave

15. FILED JAN 1 1929 Mary E. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1928, to Jan 2 1929, that I last saw her alive on Jan 2 1929, and that death occurred, on the date stated above, at 2.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Puerperal Septicemia
Normal Delivery living Child.
Hot Right Salpingitis while
pregnant (duration) ..... yrs. ..... mos. 6 ds.
CONTRIBUTORY (SECONDARY) Salpingitis Puerperal
or Gonococcus unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 0/4/0
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Adam Alfonsmann M.D
1/2 1929 (Address) 5939 Gravois

*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 Sunset Burial Park. DATE OF BURIAL Jan 4 1929
20. UNDERTAKER Geo. L. Oleitsch ADDRESS 5966 Easton ave

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.