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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 13243

Township ..... Primary Registration District No. 1003 Registered No. 2805

City St. Louis, Mo. (No. ..... Sanitarium St. ..... Ward)

2. FULL NAME Mary Van Dike

(a) Residence. No. 5642 Roosevelt Pl. 13 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 2 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27. 1878

7. AGE: Years 50 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Vamper 122 123
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Factory
(c) Name of employer: Unknown

56

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

1

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

15

15

14. INFORMANT: Dr. J. A. Scopelite
(Address) St Louis City Sanitarium

15. FILED MAR 29 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1927, to March 28, 1929, that I last saw her alive on March 28, 1929, and that death occurred, on the date stated above, at 6:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gangrene of ileum due mechanical obstruction adhesion of uterus with sigmoid colon (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) cause of Obstruction + Adhesion unknown (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical + post. mortem

(Signed) Joseph A. Scopelite, M. D.

3-28, 1929 (Address) St Louis City Sanitarium

*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 | DATE OF BURIAL: Apr. 1st 1929

20. UNDERTAKER: Chas. F. Stuart | ADDRESS: 5525 Easton