

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

Do not use this space.

23239

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St Louis (No. 4243, Shiller Place)

File No.....
Registered No. **6713**
St. Ward)

2. FULL NAME

(a) Residence. No. 4243 Shiller Pl St., 15 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 19 29

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

I HEREBY CERTIFY, That I attended deceased from May 12 1929, to June 23 1929 that I last saw her alive on June 22 1929, and that death occurred, on the date stated above, at 1:20 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 16

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arterio Sclerosis with chronic Myocarditis - Hypertrophy & Valvular Lesions
unknown (duration) yrs. mos. ds.

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.....

CONTRIBUTORY (SECONDARY) POW (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Jacob Kratz

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. F. Simons M. D.

12. MAIDEN NAME OF MOTHER Unknown

6.24.1929 (Address) 1145 Victor Str

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

*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.

14. INFORMANT. Fred Mayer
(Address) 4243 Shiller Pl.

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
Old St. Marcus 6-26-1929

15. FILED 11/21 1929 May C. Stankoff REGISTRAR

20. UNDERTAKER ADDRESS
C. Hoffmeister & Co 7814 1/2 Broadway

N. B.—Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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