

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

Do not use this space. 7

26670

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 03
City St. Louis, (No. 2113) Madison St.

File No.....
Registered No. 7981
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2113-Madison St., 30 Ward, Clayton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U.S., if of foreign birth? 60 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 Nick Fey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1-1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 | 11 | 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Re - Housework
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Ferd. Boerner

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Christ Fey
(Address) Clayton, Mo. R#2

15. FILED 6-2 19 1929 Nick C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1929

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1929, to July 31, 1929, that I last saw her alive on July 31, 1929, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral regurgitation
72A (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 90W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. D. Steele, M. D.

8/2 1929 (Address) Clayton, 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 Immanuel Lutheran Ch. DATE OF BURIAL 8-4-1929

20. UNDERTAKER Caumann Bros. ADDRESS Overland, Mo.

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.

