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.

28757

1. PLACE OF DEATH

County: Ste. Genevieve — Registration District No. 780 — File No.

Township: Jackson — Primary Registration District No. 6028 — Registered No. 37

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Ann Grether

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 2 1854

7. AGE: Years 74 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Ste. Genevieve Co
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Joseph E. Herman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Baden
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Magdelena Raumschuk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Baden
(STATE OR COUNTRY): Germany

14. INFORMANT: August Herman
(Address): Weingarten Mo

15. FILED: Aug 16 1929 T. W. Douglas, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 16 1929

17. I HEREBY CERTIFY, That I attended deceased from August 12, 1929, to August 16, 1929 that I last saw her alive on August 16, 1929, and that death occurred, on the date stated above, at 1:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis.

UNKNOWN (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis
UNKNOWN (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90 B

DID AN OPERATION PRECEDE DEATH? NO. DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) Arthur E. Sexauer, M. D.

August 16, 1929 (Address) Ste Genevieve 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: Lawrenceton Mo — DATE OF BURIAL: Aug 18 1929

20. UNDERTAKER: John Basler Ste. Genevieve Mo — ADDRESS