

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

Do not use this space.

28991

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4914**) **Creyler Ave**

File No.....
 Registered No. **8100**
 St. Ward)

2. FULL NAME

(a) Residence. No. **Mary Elizabeth Hastings** Ward.....
 (Usual place of abode) **4914 Creyler Ave 12** (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 **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 **Carl Phillip Hastings**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 29 1846**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 7
 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

9. BIRTHPLACE (CITY OR TOWN) **Suffolk Conn**
 (STATE OR COUNTRY)
 10. NAME OF FATHER **James Cannon**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Unknown**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

14. INFORMANT **Mrs. William W. Wheelock**
 (Address) **4914 Creyler Ave.**
 15. FILED **W. E. Barker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 6 1929**
 17. I HEREBY CERTIFY, That I attended deceased from **June 3**, 1927, to **Aug 5**, 1929, that I last saw her alive on **7-5-1929**, and that death occurred, on the date stated above, at p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Myocardial Infarction
 Chronic (Senile)
 Arterio Sclerosis**
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Hemiplegia Right Apoplectic**
 (duration) **2** 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) **Beasly** M. D.
8-6-1929 (Address) **Carlton Bldg**

*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 **Denver Colo.** DATE OF BURIAL **8-6-1929**

20. UNDERTAKER **Wagoner** ADDRESS **3021 Olive**

