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

Do not use this space.

29655

781

1. PLACE OF DEATH

County..... Registration District No. 7 [illegible]

Township..... Primary Registration District No.....

City St. Louis (No. 4124 Green Lea Place St. ..... Ward)

File No.....

Registered No. 8844

2. FULL NAME Mary Hiffmann

(a) Residence. No. 4124 Green Lea Place St., 10 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? 70 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	79	10	26	

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).....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Fred Heidkamp

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

12. MAIDEN NAME OF MOTHER Louise Weber

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

14. INFORMANT Geo. Hiffmann
(Address) 3924 S. Palmer St.

15. FILED....., 19.. Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 29 1929.

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929, to Aug 29, 1929, that I last saw h. alive on Aug 29, 1929, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the vulva and vagina.

(duration) 2 yrs. ..... mos. ..... ds.

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

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF October, 1927.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Bacteriological.

(Signed) Lillian V. Young, M. D.

, 19 (Address) 4511 A. 20th St.

*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 Staunton, Ill.

DATE OF BURIAL Sept 1, 1929.

20. UNDERTAKER Theo. W. Beiderwieden

ADDRESS 1936 St. Louis ave.

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.

235

10