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

Do not use this space.

31810

File No.

Registered No. 294

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township Central Primary Registration District No. 6089B

City (No. 8024 North Ave., St. Ward)

2. FULL NAME Mary Jane Pedrotti,

(a) Residence. No. 8024 North Ave. St. 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dennis Pedrotti

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31-1886.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	7 8	24	

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) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William Timlin

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

12. MAIDEN NAME OF MOTHER Catharine Barrett

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

14. INFORMANT Dennis Pedrotti
(Address) 8024 North Ave.

15. FILED 9/26, 1929 Rolla Bray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1929, to Sept. 24, 1929 that I last saw her alive on Sept. 24, 1929, and that death occurred, on the date stated above, at 12.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
668
93B (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Toxic Hyper thyroid (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? clinical & Lab.

(Signed) Leo J. Keeley, M. D.
Sept 24, 1929 (Address) 9105 Page Blvd

*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	DATE OF BURIAL
Calvary Cem.,	Sept. 26, 1929.
20. UNDERTAKER	ADDRESS
Jos. W. Clark	1125 Hodiamont 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.

CHARTS, WITH CHANGING ORDERS IS A PERMANENT RECORD

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