APR 30 1930

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

Do not use this space.

10029

1. PLACE OF DEATH

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

Township Ste. Genevieve — Primary Registration District No. 6025 — Registered No. 16

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

2. FULL NAME Mary Anna Donze

(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	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 Seraphin B. Donze

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	4	27	

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) Weingarten
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Francis X Koller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stark Co
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Selma Jaeger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

14. INFORMANT Seraphin Donze
(Address) Weingarten Mo

15. FILED Mar 23 1930 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1930

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1930, to March 22, 1930 that I last saw her alive on March 22, 1930 and that death occurred, on the date stated above, at 9:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis & arteriosclerosis
93C
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute cardiac dilatation
(duration) yrs. mos. 1 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
(Signed) R. L. Lawning, M. D.
3/25, 1930 (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	DATE OF BURIAL
Weingarten Mo	3/24 1930

20. UNDERTAKER	ADDRESS
John Basler Sr. Genevieve Mo	