

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

Do not use this space.

10719

1. PLACE OF DEATH

County..... Registration District No. 787
 Township..... Primary Registration District No. 1005
 City St Louis Mo. (No. 29084) Chouteau Av

File No.....
 Registered No. 2730
 St..... Ward)

2. FULL NAME

Mamie Awbrey
 (a) Residence. No. 29084 Chouteau Av 02 Ward.

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Awbrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>5</u>	<u>15</u>	

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). 11
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Harris

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

12. MAIDEN NAME OF MOTHER Susan Mumley

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

14. INFORMANT Mr Chas. Awbrey
 (Address) 29084 Chouteau Av

15. FILED 4R 18 1930 Missouri State REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 16 1930, to Mar 19 1930, that I last saw h.l.v. alive on Mar 19 1930, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
80
120 B
Gastroenteritis acute
 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Tuberculosis
 (duration) 10 yrs. 7 mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical + Wasserman
 (Signed) L. A. Wentzel M. D.
 , 19 (Address) 27 26 Chouteau

*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 New Pickers Cemetery DATE OF BURIAL Mar 19 1930

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette Av

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.

