

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

Do not use this space.

10832

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis.** (No. **4510 Virginia Avenue** Ward)

File No.....
Registered No. **2857**
St. Ward)

2. FULL NAME

Mary Maes
(a) Residence. No. **4510 Virginia Avenue,** **15** 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26. 1866.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	63	3	22	

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) St. Louis, Mo.,
(STATE OR COUNTRY)

10. NAME OF FATHER Anton Maes.

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

12. MAIDEN NAME OF MOTHER Virginia Vandevoorde

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

14. INFORMANT **George Maes**
(Address) **4510 Virginia Avenue**

15. FILED **21 15** **19** **1930**
St. Louis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 18,** 19**30**

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from.....
19..... to..... 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... **530 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY) **101W**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed)..... **W. H. M. D.**

3/18, 1930 (Address) **Deputy Coroner**

*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**

St. Peter and Paul Cemetery **Mar. 21 1930**

20. UNDERTAKER **ADDRESS**
H. Gebben & Paul H. Co **2842 Meramec**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

