

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

Do not use this space.

17753
4847

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St Louis** Primary Registration District No. **1003**
 City..... No. **Lutheran Hospital** St..... Ward.....

File No.....
 Registered No.....

2. FULL NAME

Mary Engel
 (a) Residence. No. **R-R # 1111** **Jefferson, Mo.** St., **24** Ward. **St. Louis 04, Mo.**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 2 1865**

17. I HEREBY CERTIFY, That I attended deceased from **May 15th** 19**30** to **May 17** 19**30**
 that I last saw her alive on **May 16**, 19**30**, and that death occurred, on the date stated above, at **12:20 a. m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 15

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforated Ulcer Stomach
117A
129

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.....

CONTRIBUTORY (SECONDARY) **General Peritonitis** (duration) - yrs. - mos. **3** ds.
 (duration) - yrs. - mos. **3** ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

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

10. NAME OF FATHER **Unknown**

19. DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **May 16**
 WAS THERE AN AUTOPSY? **No**

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Andrew Youngman** M. D.
May 17, 1930 (Address) **Sappington Mo**

12. MAIDEN NAME OF MOTHER **Unknown**

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

*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.

14. INFORMANT **August Engel**
 (Address) **R-R # 1111 Jefferson, Mo.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St. Lucas Cemetery Sapp. Mo **5/19 1930**

15. FILED **MAY 18 1930** **W. C. STANLEY** REGISTRAR

20. UNDERTAKER ADDRESS
C. Hoffmeister & Co. 2814 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

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