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

Do not use this space.

18051

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 5205

City St. Louis (No. St. Anthonys Hospitals St. ..... Ward)

2. FULL NAME Mary M. Eisenbeis

(a) Residence. No. ..... St., 16 Ward. Bloomsdale Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. I 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 Joseph Eisenbeis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	6	2	

8. OCCUPATION OF DECEASED 668 930

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Mo.

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PARENTS

10. NAME OF FATHER John Kertz

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

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12. MAIDEN NAME OF MOTHER Appolonia Grady

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

14. INFORMANT Joseph Eisenbeis
(Address) Bloomsdale Mo.

15. FILED MAY 27 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1930

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1930, to May 26, 1930 that I last saw her alive on May 26, 1930 and that death occurred, on the date stated above, at 10; p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Hyper-Thyroidism

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Bloomsdale Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 5/24/30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. S. McKay, M. D.

5/27, 1930 (Address) University Club Bldg.

*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
Bloomsdale Mo.	5-30 1930
20. UNDERTAKER John Basler	ADDRESS Ste. Genevieve Mo.

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.