

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

Do not use this space.

25019

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3850 a, Botanical) St. .... Ward)

File No. ....  
Registered No. 7195  
St. .... Ward)

**2. FULL NAME**

Mildred Coerver  
(a) Residence, No. 3850 a Botanical St., 17 Ward.

(Usual place of abode) (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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 - 1913

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .....hrs. or .....min.
	16	9	17	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. School girl  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Fred Coerver

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

12. MAIDEN NAME OF MOTHER Helen Long

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

14. INFORMANT Helen Coerver  
(Address) 3850 a Botanical Av.

15. JUL 19 1930 FILED Hay & Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from April 16 1930, to July 17 1930, that I last saw her alive on July 17 1930, and that death occurred, on the date stated above, at 9:12 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

2001 Bacterial Endocarditis  
Staphylococcus Viridans  
origin just known (duration) yrs. 3 mos. 1 da.  
30 CONTRIBUTORY Mitral Insufficiency  
(SECONDARY) (duration) yrs. 3 mos. 1 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory  
(Signed) D. M. Wilson M. D.

July 18, 1930 (Address) 4337 Washington Blvd.

\*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 Waterloo Ill. DATE OF BURIAL 7/21 1930

20. UNDERTAKER Cullinane Bros. ADDRESS 1710 N. Grand

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

