OCT 31 1930

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

Do not use this space.

30992

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township Central — Primary Registration District No. 4471 — Registered No. 79
City Webster Groves (No. 44 S Gore St. Ward)

2. FULL NAME Mamie Harper Stine
(a) Residence. No. 44 S Gore St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 32 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16-1864

7. AGE: 65 YEARS, MONTHS 10, DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

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 (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm S. Harper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wilmington (STATE OR COUNTRY) Delaware
12. MAIDEN NAME OF MOTHER Ariadne Stine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri

14. INFORMANT Janet H. Stine (Address) 44 South Gore Avenue

15. FILED 9-30, 1930 Dr A. W. Westrup REGISTRAR
G. Carlock

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1930 to Sept 28, 1930 that I last saw her alive on Sept 28, 1930, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
sudden (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? 7 Hill
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam
(Signed) W. Alexander Stine, M. D.
, 19 (Address) Webster Groves Mo

*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: Oak Hill — DATE OF BURIAL: Sept 28 1930

20. UNDERTAKER: Parker Lund Co — ADDRESS: Webster Groves

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.