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

Do not use this space.

31221

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6125 Ridge Av. St. ..... Ward)

File No. .....

Registered No. 8817

**2. FULL NAME** Mary D. Varble

(a) Residence. No. 6125 Ridge Av. St., 6 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 (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1861.

7. AGE: Years 69 | Months 2 | Days 9 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER George Hilbert

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

12. MAIDEN NAME OF MOTHER Mary Maum

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

14. INFORMANT Mrs. Anna Leffler
(Address) 6125 Ridge Av.

15. FILED SEP - 3 1930 Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7, 1930.

17. I HEREBY CERTIFY, That I attended deceased from any 31, 1930, to Sept 7, 1930 that I last saw her alive on Sept 7, 1930, and that death occurred, on the date stated above, at 11.19 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous nephritis

131 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

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) John Doe, M. D.

9/8, 1930 (Address) 1492 Hodiamont Av.

*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: Useful, Mo.

DATE OF BURIAL: Sept. 10, 1930.

20. UNDERTAKER: Jos. W. Clark

ADDRESS: 1125 Hodiamont Av.

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.