

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

Do not use this space.

**34252**

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 100  
City St. Louis (No. 5889, Etzel Ave St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 9594  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Mary Jane Marchand

(a) Residence. No. 5889 Etzel Ave St. 5 Ward.

(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) Jan. 30, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>8</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Home  
(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) Iowa

10. NAME OF FATHER J. W. Marchand

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

12. MAIDEN NAME OF MOTHER Isabella Kerr

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

14. INFORMANT. H. A. Schork  
(Address) 5889 Etzel Ave

15. FILED. 51 19 May 21 W. C. Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from June 1928 to Oct 7, 1930 that I last saw her alive on Oct 7, 1930 and that death occurred, on the date stated above, at 8:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis -  
Atherosclerosis of the posterior

97.9 (duration) 7 yrs. 0 mos. 0 ds.  
CONTRIBUTORY Acute Dilatation of Heart  
(SECONDARY) few muscular curvatures  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings  
(Signed) Francis H. Reed M. D.

. 19 (Address) 6194 Delmar 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 Monticello, Mo. DATE OF BURIAL Oct 7, 1930

20. UNDERTAKER Drehmann & Son ADDRESS 1905 Union

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.

6194 Sultan  
2. PM