

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

Do not use this space.

34982

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. ....), Sanitarium..... St. .... Ward .....

File No. ....  
Registered No. **3498294**  
St. .... Ward .....

**2. FULL NAME** Mary Oates

(a) Residence. No. 6811 Jewaldemar Ave. 13 Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. + mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/31/30 19...

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

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Oct 31/30, 19... that I last saw him alive on Oct 31/30, 1930, and that death occurred, on the date stated above, at 8:15 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
About 64 Unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
980  
189A

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

(duration) - yrs. 4 mos. 1 ds. +  
CONTRIBUTORY Acute Pyelitis  
(SECONDARY)  
(duration) - yrs. - mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No No. DATE OF.....  
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) William T. Gutter M. D.  
10/31, 1930 (Address) 5400 Arsenal St.

14. INFORMANT William T. Gutter M.D.  
(Address) 5400 Arsenal St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Calvary Cemetery 11-13 1930

15. FILED 1930 May 2 W. T. Gutter REGISTRAR

20. UNDERTAKER  
Friegshauer & King Highway

Exact statement of OCCUPATION is very important.

