

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

Do not use this space.

3608

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **10087**
 City **St. Louis** (No. **5039**, **Deuanshire**) St. (Ward)

File No.....
 Registered No. **841**

2. FULL NAME

(a) Residence. No. **5039 Deuanshire** **14** Ward.

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. (If nonresident give city or town and State)

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) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 20 1931**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm F Knake**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 14** 19**30** to **Jan 20** 19**31**, and that I last saw h. alive on **Jan 1** 19**31**, and that death occurred, on the date stated above, at **1:15 P. m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 13 1894**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **56 | 6 | 7**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
72A Edward
93C

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer) **235**
 (c) Name of employer

CONTRIBUTORY (SECONDARY) **Chronic Myo. corditis**
 (duration) **about 6** yrs. **6** mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo**

18. WHERE WAS DISEASE CONTRACTED **St. Louis**
 (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **William Hardwick**

DID AN OPERATION PRECEDE DEATH? **(X)** DATE OF **(X)**
 WAS THERE AN AUTOPSY? **(X)**

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Fred S. Tanner** M.D.
 (Address) **5077 - Deuanshire**

12. MAIDEN NAME OF MOTHER **Anna Deuanshire**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY) **10**

14. INFORMANT **Wm F Knake**
 (Address) **5039 Deuanshire**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Tristo Cemetery**
 DATE OF BURIAL **1-23 1931**

15. FILED **21 19 31** **May 17 1931**
 REGISTRAR

20. UNDERTAKER **Regerhausen and Co. 8 Kingshighway**
 ADDRESS **4228**

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.

RECORD

