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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OK R.

8202

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2500

City St Louis (No. 3756 Gravois ave St. ..... Ward)

2. FULL NAME Mary Kolle

(a) Residence. No. 3756 Gravois ave St., 16 Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	4	12	

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) at Home 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John Braun

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Richard Kolle
(Address) 3756 Gravois

15. FILED FEB 26 1931 Max C Harder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feby 24, 1931 that I last saw her alive on Feby 24, 1931, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Influenza

107A

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

(duration) — yrs. — mos. 5 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? .....

2/25 (Signed) Andrew Youngman, M. D

, 1931 (Address) 460 S Gravois

*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	DATE OF BURIAL
Sun Set Burial Park	Feb. 27 1931
20. UNDERTAKER	**ADDRESS**
Hacker Helderle	2331 S Bdwy