

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

Do not use this space.

8235

1. PLACE OF DEATH

County..... Registration District No. **791**
 1003
 Township..... Primary Registration District No.....
 City **St. Louis Mo.** (No. **3638 Hartford St.**)..... St. Ward)

File No.....
 Registered No. **2627**
 St. Ward)

2. FULL NAME

Mary Jane Turner
 (a) Residence. No. **6022 Hartford** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 9 - 1841**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	90	—	16	

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**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) **Penn**

10. NAME OF FATHER **Daniel Dunkel**

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

12. MAIDEN NAME OF MOTHER **Martha Waterson**

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

14. INFORMANT **Albert Turner**
 (Address) **3934 Juniper St**

15. FILED **FEB 27 1931** 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 25 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 23**, 1931, to **Feb 25**, 1931, that I last saw h. **alive** on **Feb 24**, 1931, and that death occurred, on the date stated above, at **9:40 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Bronchitis non Tubercular
1064
 (duration) yrs. mos. **6** ds.

CONTRIBUTORY (SECONDARY) **arterio sclerosis**
Chronic myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH **①**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **Carl Athans**, M. D.
3/28 1931 (Address) **3248 Lafayette Ave**

*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 **Kiran Cemetery** DATE OF BURIAL **Feb 28 1931**

20. UNDERTAKER **Amherst Road Co** ADDRESS **4234**

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.

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