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.

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

Do not use this space. 26988

1. PLACE OF DEATH

County ..... Registration District No. 1791

Township ..... Primary Registration District No. 03

City St. Louis (No. City Hospital ..... St. ..... Ward)

16942

File No. ..... Registered No. 8191

2. FULL NAME Mary D Damerio

(a) Residence, No. 4317 S Humphrey St. Ward. 16
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 - 1868

7. AGE: Years 62 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Fred Reuss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary McGenown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hospital Information (ADDRESS) Grace R Popp City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE July 27 1931

19. UNDERTAKER Wacker & Delderle (ADDRESS) 2331 - S Broadway

20. FILED JUL 26 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1931, to July 25th 1931

I last saw her alive on July 25th 1931. Death is said to have occurred on the date stated above, at 3.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Intertrochanteric Fracture	1/4/31
Senility	

Other contributory causes of importance:

Name of operation 1860 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 1/4 1931

Where did injury occur? Fell at home & broke hip (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell at home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl H Hotz, M. D.

(Address) City Hospital

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