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

Do not use this space.

39502

File No.

Registered No. 11692

1. PLACE OF DEATH

County ..... Registration District No. 79T

Township ..... Primary Registration District No. 1093

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

12170

2. FULL NAME Mary Link

(a) Residence, No. 1031 Allen St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	9	21	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 177B 121

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 93 C

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

FATHER

13. NAME Fred Bruner

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

MOTHER

15. MAIDEN NAME Mary Wagner

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

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis U DATE 11-16 1931

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutgers St.

20. FILED NOV 23 1931 19 Max C. Tandy Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1931, to Nov. 2nd, 1931

I last saw her alive on Nov. 2nd, 1931. Death is said to have occurred on the date stated above, at 4:45 a.m.

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

	Date of onset
Chronic Myocarditis	?
Chronic Nephritis	
Cause of adhesions unknown	

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Other contributory causes of importance:

Bowel Obstruction 10/11/31
(Mechanical due to adhesions)

Name of operation Release of Obstruction Date of 10/11/31

What test confirmed diagnosis? Laboratory Operative & Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

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

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) Carl J. Hotz, M. D.

(Address) City Hospital