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

Do not use this space.

File No. 10695

Registered No. 2766

1. PLACE OF DEATH

County ..... Registration District No. 1791

Township ..... Primary Registration District No. ..... 10 No

City St Louis Mo (No. 3341 Ohio Ave St. ..... Ward)

2. FULL NAME Mary K. Hafertepe

(a) Residence, No. ..... St., 24 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th 1859

7. AGE: Years 72 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Johan Mohl

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT Geo. H. Middendorf
(ADDRESS) 2806 Texas Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Pauls DATE March 23th 1932

19. UNDERTAKER J. H. Geilfen & Son Co.
(ADDRESS) 2629 Gravois Ave

20. FILED MAR 22 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to March 20, 1932

I last saw her alive on March 20, 1932. Death is said to have occurred on the date stated above, at 1:45 a.m.

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

Coronary Embolism — Date of onset 3-20-32

Other contributory causes of importance: Hypertrophy of heart - Endocarditis Chr. Mitral - Aortic regurgitation Chr. Interstitial Nephritis - Cirrhosis 11-26

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury .....

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. A. Gadeck, M. D.

(Address) 2767 Gravois Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD