

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

Do not use this space.

14756

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 10055
 City St. Louis (No. ISOLATION HOSPITAL) St. _____ Ward _____

File No.
 Registered No. 4153
 St. _____ Ward _____

2. FULL NAME

Mamie Christ
 (a) Residence, No. 3007 Indiana 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 32 yrs. 7 mos. 10 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 Herman Christ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>32</u>	<u>7</u>	<u>11</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) City St. Louis, Missouri

13. NAME Joseph Baultis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia, Europe

15. MAIDEN NAME Mary Swehla

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Leona Bourne

18. BURIAL, CREMATION, OR REMOVAL PLACE ISOLATION HOSPITAL

19. UNDERTAKER (ADDRESS) 2906 Gravois Ave

20. FILED W. E. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1931 to April 27, 1932
 I last saw her alive on April 27, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Influenza of Lungs
73A

Other contributory causes of importance: 111A

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear in Sputum 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? No
 If so, specify _____

(Signed) Thomas J. Ylveson M. D.
 (Address) ISOLATION HOSPITAL

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.

