

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

Do not use this space.

17407

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1120
 7 Township Richmond Heights Special Registration District No. 6248 N File No. _____
 7 City Richmond Heights (No. St. Marys Hosp.) Registered No. 114
 _____ St. _____ Ward _____

2. FULL NAME Mabel M. Waterman
 (a) Residence, No. 4937 Buckingham Court Ward. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Ferrick H. Waterman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 10 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher at
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stix School 215 108
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis 1
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME L. E. Theodor Fischer
 14. BIRTHPLACE (CITY OR TOWN) Germany 18
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Louis Holthaus
 16. BIRTHPLACE (CITY OR TOWN) St. Louis 1
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Paul M. Fischer
608 Westgate

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellfontaine DATE May 21, 1932

19. UNDERTAKER Wagoner Lued Co.
 (ADDRESS) 3621 Olive St.

20. FILED 3/21 1932 L. J. Jensen
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from May 19, 1932, to May 20, 1932
 I last saw her alive on May 20, 1932. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importances were as follows:
Lobar Pneumonia Date of onset 5/17/32
Le Grippe
 Other contributory causes of importances: None

Name of operation _____ 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 _____ 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 None
 (Signed) R. M. Durr, M. D.
 (Address) 2424 N. Grand

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.

