

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

Do not use this space.

17534

1. PLACE OF DEATH

City St. Louis Mo. (No. 4102 N. 20th St.)
 Registration District No. 701
 Township St. Louis Mo. Primary Registration District No. 300

File No. _____
 Registered No. 4446
 St. _____ Ward _____

2. FULL NAME

Marion Cecelia Mority
 (a) Residence, No. 4102 N. 20th St. 9 Ward _____

(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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF School girl
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24/1925
 7. AGE YEARS 6 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1862
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 9.5A

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

MOTHER FATHER 13. NAME Jacob Mority

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

MOTHER 15. MAIDEN NAME Helen Linnemann

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

17. INFORMANT (ADDRESS) Jacob Mority 4102 N. 20th St

18. BURIAL, CREMATION, OR REMOVAL PLACE SSP. + Pauls Cem DATE May 1932

19. UNDERTAKER (ADDRESS) E. J. Schurman 3125 Lafayette Ave

20. FILED 41 1932 Mo St. Louis Registrar J. W. Reese

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

22. I HEREBY CERTIFY That I attended deceased from 10 Physician in attendance 19____ to _____ 19____

I last saw h. _____ alive on _____ Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Acute Dilatation of Heart Date of onset _____

Perforated Wound of left ankle received when falling up fence of glass St. Louis Mo. accident

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What first confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 5.3.1932

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

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

Manner of injury falling on piece of glass
 Nature of injury Open and Wound of Ankle

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. W. Reese (Address) St. Louis Mo.

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.

