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.

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

Do not use this space.

18318

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 1

Township ..... Primary Registration District No. ..... Registered No. 5659

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

#3321

2. FULL NAME Mary Intfeldt

(a) Residence, No. 4216 Evans St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or 24 min.

OCCUPATION

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

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) St Louis Mo

FATHER

13. NAME Gilbert Intfeldt

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

MOTHER

15. MAIDEN NAME Lillian Hill

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

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

18. BURIAL, CREMATION, OR REMOVAL

PLACE Potterstield DATE 6-16- 1932

19. UNDERTAKER (ADDRESS) Ed. Shannon 1426 Carroll

20. FILED JUN 15 1932 19 Max C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to May 26, 1932

I last saw her alive on May 26, 1932 Death is said to have occurred on the date stated above, at 5:30 P.m.

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

	Date of onset
159 ① Premature (7 months)	

Other contributory causes of importance:

159

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 .....

(Signed) [signature], M. D.

(Address) City Hospital

Infeldt