

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

Do not use this space.

21210

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 1003
 City St. Louis Mo. (No. Seaconess Hosp) St. 5763 Ward _____

2. FULL NAME

Mary Huthmacher
 (a) Residence, No. Forest Ave. So. of Big Bend 4 Ward Kirkwood Mo.
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
81 2 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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 10

FATHER
 13. NAME Henry Walkenhorst
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT August Walkenhorst
 (ADDRESS) 3116 New Ashland Place St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill cemetery DATE 6-20 1922

19. UNDERTAKER Louis N. Bopp
 (ADDRESS) Kirkwood Mo.

20. FILED LN 19132 W. J. Barker Registrar 7/18/22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1922

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1922, to June 18, 1922.
 I last saw him alive on June 17, 1922. Death is said to have occurred on the date stated above, at 3 A. m.

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

Hemiplegia apoplectic Date of onset 5/2/22
87A
97
 Other contributory causes of importance: Arteriosclerosis 5 yrs.

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? None 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) Arthur W. Macarty M. D.
 (Address) 204 E. Big Bend Webster Groves

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.

