

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

Do not use this space.

30534

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 2620 St. Vincent Ave St. _____ Ward) _____

File No. _____
Registered No. 8195

2. FULL NAME Margrett E. Russen

(a) Residence, No. 2620 St. Vincent Ave St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u> |
|-------------------------|----------------------------------|--|

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1884

| | | | | |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>48</u> | <u>6</u> | <u>7</u> | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 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) Illinois 2

13. NAME Jacob Marsteller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Wilmena Schultz

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

17. INFORMANT Minnie Steinberger
(ADDRESS) 2620 St. Vincent Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri DATE Sept 13 1932

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 1631 Missouri Ave

20. FILED SEP 11 1932 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11 1932

22. I HEREBY CERTIFY That I attended deceased from August 2nd 1932 to SEP 11 1932, 19____
I last saw her alive on SEP 11 1932, 19____ Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of womb

Date of onset

Other contributory causes of importance:

①

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) Dr. Robert Schneider, M. D.
(Address) 1062 Peyer Cr

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.

