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.

30563

1. PLACE OF DEATH

County ..... Registration District No. 78 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8224

City St Louis (No. 633 Edmond Ave St. ..... Ward)

2. FULL NAME Mary Franz

(a) Residence, No. 2001 Martha Pl St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1891

7. AGE: YEARS 41 | MONTHS 3 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. 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) Italy 16

FATHER

13. NAME Dominae Meoli

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

MOTHER

15. MAIDEN NAME Angelia Yacovelli

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

17. INFORMANT (ADDRESS) John Franz 2001 Martha Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE 9-13 1932

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4104 Manchester Ave

20. FILED SEP 12 1932 19 Max Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1932, to Sept 10, 1932

I last saw her alive on Sept 10, 1932. Death is said to have occurred on the date stated above, at 2:40 P m.

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

Cerebral Hemorrhage

131
88
102

131

Date of onset

Other contributory causes of importance:

Chr. Hypertension

Chr. Nephritis

(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? no

If so, specify .....

(Signed) E. H. Bowden M.D., M. D.

(Address) 6337 Clayton Ave.

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