

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

Do not use this space.

34324

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. 4729 S. Broadway St. .... Ward)

File No.....  
Registered No. 9689  
St. .... Ward)

**2. FULL NAME**

Marie McComb

(a) Residence, No. 4729 S. Broadway, St. 15 Ward.  
(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 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 Cassius McComb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
About 52 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Germany 10

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Cassius McComb  
(ADDRESS) 4729 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mount Hope DATE Nov 2 1932

19. UNDERTAKER Southern  
(ADDRESS) 6320 W. 22nd St. St. Louis

20. FILED NOV - 1 1932 Max C. Parker  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Oct 28, 1932  
I last saw him alive on Oct 28, 1932 Death is said to have occurred on the date stated above, at 4.0 m.

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

Acute myocarditis Date of onset 9-7-32  
also angina pectoris  
94 A  
93 A  
127 B  
Other contributory causes of importance  
Chronic cholecistitis

Name of operation..... Date of.....  
What test confirmed diagnosis? Chromic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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? None  
If so, specify.....

(Signed) E. E. Heible, M. D.  
(Address) 3960 Broadway

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.

Miss  
Calkins  
Pm 1321