

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

Do not use this space.

3301

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10027
City St. Louis (No. De Paul Hospital)

File No.....
Registered No. 190
St. Ward)

2. FULL NAME

Marie Mitchell

(a) Residence, No. Baden Station P.R. Bldg. 14 6 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18th 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 - 5 17

OCCUPATION
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.
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) Mo

MOTHER FATHER
13. NAME Henry Knobbe

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

MOTHER FATHER
15. MAIDEN NAME Anna Eckert

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

17. INFORMANT Roy Mitchell
(ADDRESS) Baden Station P.R. Bldg. 14

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery DATE Jan 7th 1933

19. UNDERTAKER Edward Koch
(ADDRESS) 3676 N. 14th St.

20. FILED Jan - 6 1933
W. C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28-1932 to 1-4-1933

I last saw him alive on 1-4-1933 Death is said to have occurred on the date stated above, at 7:20 P.M.

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

Septic Shock -
1570/390
36/390

Date of onset 1-3-33

Other contributory causes of importance: abscesses of uterus - 12-1-32
cause unknown

Name of operation Hysterectomy Date of 1-3-33

What test confirmed diagnosis? — Was there an autopsy? no

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) Clavelius H. Shult M. D.
(Address) 305 Metropolitan Bldg
St Louis Mo

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.

