

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 578
 Township..... Primary Registration District No. 500
 City St. Louis No. City Hospital St. Ward)

3435

File No.
 Registered No. 331
 St. Ward)

2. FULL NAME

#16839 Mary Wassman

(a) Residence, No. 6925 Nashville St. 4 (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred Life 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) widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21-1880
 7. AGE YEARS 52 MONTHS 9 DAYS 11 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. —
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME James Down

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

MOTHER 15. MAIDEN NAME Mary Cartwell

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

17. INFORMANT Hospital information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Jan 11 1933

19. UNDERTAKER Quinn's Undertaking Co (ADDRESS) 4234 Manchester Ave

20. FILED JAN 10 1933 19 W. C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd 1933

22. I HEREBY CERTIFY That I attended deceased from Dec. 30th 1932 to Jan. 2nd 1933
 I last saw her alive on Jan. 2nd 1933 Death is said to have occurred on the date stated above, at 7:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 6-1-32
 930
 Other contributor causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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 St. Louis M. D.
 (Signed) City Hospital
 (Address)

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.

