

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

Do not use this space.

18514

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 787
Primary Registration District No. 1002

File No.....
Registered No. 4776
St..... Ward)

2. FULL NAME

Mary Mah
(a) Residence, No. 13529 Miami St., 16 Ward.

(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) May 26th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 - - 3

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) (STATE OR COUNTRY) Mo

13. NAME Peter Wachter

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

15. MAIDEN NAME Barbara Deckelmann

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

17. INFORMANT Henry P. Mah (ADDRESS) 3529 Miami St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 1st 1933

19. UNDERTAKER Eduard Koch (ADDRESS) 3516 9th St.

20. FILED 31 1933 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1928 to May 29 1933

I last saw her alive on May 29 1933. Death is said to have occurred on the date stated above, at 8:59 a.m.

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

Cardiac Insufficiency Date of onset 930
953 930
Other contributory causes of importance: Ch. Myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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) Harlow Belsky M. D.
(Address) 4743 North Bushfield
St. Louis, Mo.

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.

