

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

Do not use this space.

**20936**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 786  
 Township Central Primary Registration District No. 4469  
 City Maplewood (No. 7925<sup>a</sup>) Caroline St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 30

**2. FULL NAME**

Mary Dore  
 (a) Residence, No. 7925<sup>a</sup> Caroline St. \_\_\_\_\_ 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Dore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 2 14  
 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) Germany

13. NAME John Baugh

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

15. MAIDEN NAME C. Amass

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

17. INFORMANT Mrs. Emma Scruggs  
 (ADDRESS) 7146 Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE June 22, 1933

19. UNDERTAKER Croghan and Co. inc.  
 (ADDRESS) 7146 Manchester Ave.

20. FILED June 21, 1933 Mercedes Schuster  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933 to June 20, 1933  
 I last saw her alive on June 19, 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis Date of onset 1932  
arterio-sclerosis  
 Other contributory causes of importance:

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 Pierre M. Prossard  
 (Signed) 3500 Cambridge  
 (Address) Maplewood

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.

