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.

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

Do not use this space.

File No. 21523
Registered No. 5313

1. PLACE OF DEATH

County ..... Registration District No. 79
Township ..... Primary Registration District No. 5000
City St Louis (No. 3400 So. Grand Blvd. St. ..... Ward)

2. FULL NAME Maria Bannes

(a) Residence, No. 3400 So. Grand Blvd., 16 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bannes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1850

7. AGE YEARS 82 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 927
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 97
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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Katherine Bannes (Sister) 4236 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peters Bull DATE June 19 1933

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa

20. FILED JUN 18 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 17, 1933
I last saw her alive on June 17, 1933. Death is said to have occurred on the date stated above, at 50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	6/1/33
Mitral stenosis	

Other contributory causes of importance: 929

Atelectasis	6/1/33

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? .....
If so, specify .....
(Signed) Fly. H. Garcia, M. D.
(Address) 3165 So. Grand