

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

Do not use this space.

24616

1. PLACE OF DEATH

County

Registration District No. **701**

Township

Primary Registration District No. **1003**

City **St. Louis** (No. **5428**)

Bartmer

File No.

Registered No. **6010**

St. Ward)

2. FULL NAME

(a) Residence, No. **5428 Bartmer** Ward. **5**
(Usual place of abode)

Length of residence in city or town where death occurred **58** yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 12 - 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
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) **St. Louis, Missouri**

13. NAME **Peter McLean**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Glasgow Scotland**

15. MAIDEN NAME **Aurelia Smith**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charleston Colorado**

17. INFORMANT (ADDRESS) **W. M. ...**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill** DATE **July 10, 1933**

19. UNDERTAKER (ADDRESS) **Parker ...**

20. FILED **UL 10 1333** **J. F. Bredeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 8, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **February, 1932** to **July 8, 1933**
I last saw h. or alive on **July 8, 1933** Death is said to have occurred on the date stated above, at **11 pm**.
The principal cause of death and related causes of importance were as follows:

Myocarditis (old) Date of onset **Jan 1932**
936
84
936
Other contributory causes of importance: **Susceptibility, Hypertension**

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

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **Robert J. Mauer** M. D.
(Address) **525 ...**

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.

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