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.

NOV 10 1933

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

Do not use this space.

34354

1. PLACE OF DEATH

96

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033 (3)

City ..... (No. 6238, Wagner Ave. St. ..... Ward)

File No. .....

Registered No. 285

2. FULL NAME Mary Erhart

(a) Residence, No. 6238 Wagner Ave St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Frederick Erhart.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7, 1843

7. AGE: YEARS 90 — MONTHS 7 — DAYS 15 ~~26~~ — 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. At home

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): ? Switzerland

FATHER

13. NAME: Don't know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Mr. Rudolph Fischer, 6238 Wagner ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cemetery DATE October 4, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton ave.

20. FILED 10/3/1933 Rolla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1932, to Oct. 2, 1933

I last saw her alive on Oct. 1, 1933. Death is said to have occurred on the date stated above, at 8.20 a.m.

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

Date of onset

Parcinoma Rectum. Jan. 1932

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Other contributory causes of importance: Arteriosclerosis

Name of operation none 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) Theodore Gieser, M. D.

(Address) 5435 Easton

5435a Easton Ave.
1.30 to 3 P.M.

Pasadena 3987