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.

File No. 34544

Registered No. 8700

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. 791

City ..... (No. 6915 Pennsylvania St. ..... Ward)

2. FULL NAME Mary C. Gonzalez

(a) Residence, No. 6915 Pennsylvania St. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25-1925

7. AGE: YEARS 8 | MONTHS — | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
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 Mo

FATHER

13. NAME Manuel Gonzalez
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

MOTHER

15. MAIDEN NAME Mary Bada
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT (ADDRESS) Manuel Gonzalez 6915 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope Cem DATE Oct 7 1933

19. UNDERTAKER (ADDRESS) Jos. P. Fendler Jr 7128 Michigan Av

20. FILED OCT - 6 1933 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Oct 4th, 1933
I last saw her alive on Oct 4th, 1933. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

10
91A | About 9/24
Nasa Pharyngeal Diphtheria

Date of onset

Other contributory causes of importance:

Acute Endocarditis — 2da

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) [signature], M. D.
(Address) 7405 Mich Av