

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.

JAN 28 1934

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

Do not use this space.
41215

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 333 781
 Township St. Ferdinand Primary Registration District No. 6030
 City Villa Jean (No. Villa Jean) St. Ward

2. FULL NAME Sister Mary Edelburgis Degen
 (a) Residence, No. Villa Jean 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)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
	<u>79</u>		<u>8</u>	

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

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)

MOTHER PATHER

13. NAME John Degen

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

15. MAIDEN NAME Elizabeth Schmidt

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

17. INFORMANT Sister M. Honoria (ADDRESS) Villa Jean

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Jean DATE Dec. 11, 1933

19. UNDERTAKER Fardler Hdad. Co (ADDRESS) 209 Michigan

20. FILED 12-11-1933 Emma J. Harris Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1930, 19 , to 12-7-33, 19 .
 I last saw her or alive on 12-7-33, 19 . Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Thyroiditis, Chronic
73-1930
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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) Albert A. Henk, M. D.
 (Address) 5301 Eastern Ave

