

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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
 County St Charles Registration District No. 755 File No. 2282
 Township Seneca Primary Registration District No. 1996a Registered No. 3
 City Augusta (No.) St. Ward) (Ward)

2. FULL NAME Elise Marie Mallinckrodt
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 1/2 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 Albert F. Mallinckrodt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 / 2 / 26

OCCUPATION

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

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) Augusta St Charles

FATHER

13. NAME August Schick 6

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

MOTHER

15. MAIDEN NAME Catherin Neiderjohann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany St Charles

17. INFORMANT (ADDRESS) Amanda Bergicker Augusta, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan 23 1934

19. UNDERTAKER (ADDRESS) Philipp & Muschany Augusta, Mo

20. FILED Jan 22 1934 El Mallinckrodt Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 1 1933 to Jan 21 1934
 I last saw her alive on Jan 20 1933 Death is said to have occurred on the date stated above, at 10:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis. 2 years
 Chronic myocarditis. 2 years

Other contributory causes of importance
13193C 932

Name of operation

What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

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) Hector H Schmidt, M. D.
 (Address) Marshallville, Mo

