WHITE 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.

FEB 27 1934

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

Do not use this space.

2473

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township ~~Central~~ — Primary Registration District No. 60339 — Registered No. 21
City Clayton (No. St Louis County Hospital St. Ward)

2. FULL NAME Mary Fletcher
(a) Residence, No. 715 Pearl Ave Kirkwood St., Mo 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) Widowed
5A. ~~IF MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Henry Fletcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 – 1865
7. AGE YEARS 68 MONTHS 8 DAYS ~~4~~ 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Missouri

FATHER
13. NAME Wm Cherney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Barbra Pokomy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Ida Mahl 715 Pearl Ave Kirkwood Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Ind Evangelical Cemetery Protestant DATE 1-22 1934
19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood Mo
20. FILED 1/20 1934 Robert J. Ambrasten Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1934
22. I HEREBY CERTIFY That I attended deceased from January 11, 1934, to January 19, 1934
I last saw her alive on January 19, 1934 Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of left coronary artery	1-10-34
Chronic Interstitial nephritis	

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Other contributory causes of importance:
Hypertension

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Crem R Timm, M. D.
(Address) St Louis County Hospital Clayton, Mo.