Dr Pomeranbauer
3147 So Jefferson

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

Do not use this space.

3374-a

File No. 1062

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3017 Lafayette St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary D Culver

(a) Residence, No. 3017 Lafayette St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	10	23	

OCCUPATION

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

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) Iowa

FATHER

13. NAME Dr John B Culver

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

MOTHER

15. MAIDEN NAME Judith W. Johnson

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

17. INFORMANT Raymond Culver
(ADDRESS) 3017 Lafayette

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE 1/31 1934

19. UNDERTAKER G Eller
(ADDRESS) 5240 Delmar

20. FILED JAN 29 1934 19 J F Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1933, to 1-28, 1934

I last saw him alive on 1-28, 1934. Death is said to have occurred on the date stated above, at 3 P.m.

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

	Date of onset
Carcinoma of mesentery	1 yr
46 E	
46 E	
46 E	

Other contributory causes of importance:

Metastatic carcinoma of gall bladder and liver	6 weeks

Name of operation Date of

What test confirmed diagnosis? Clinical & Laboratory 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) P Zickhauer, M. D.

(Address) 3147 S. Jefferson

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