

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis, Mo.* (No. *1106 Palm St*) St. Ward) **76**

File No.
 Registered No. **6445**
 St. Ward) **1282**

2. FULL NAME

Mary Martha Whitehead
 (a) Residence, No. *1106 Palm St* St. *76* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph S. Whitehead*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 16 - 1886*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 9 17

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

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) *Mo.*

13. NAME *Mrs. Swan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Joseph S. Whitehead*
 (ADDRESS) *1106 Palm St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla* DATE *Feb. 7* 1934

19. UNDERTAKER *W. J. Leidner and Co.*
 (ADDRESS) *11417 So. Market St*

20. FILED *FEB 25 1934* *J. Bredeck*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 3rd* 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 25* 19 *34* to *Feb 3* 19 *34*
 I last saw her alive on *Feb 3* 19 *34*. Death is said to have occurred on the date stated above, at *10¹⁰ P.* m.

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

Lobar Pneumonia Date of onset
1003A
106
 Other contributory causes of importance:
Myocarditis Acute

Name of operation *none* Date of
 What test confirmed diagnosis? *Chinist* 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?
 If so, specify *Hotel Cook*
 (Signed) *Hotel Cook* , M. D.
 (Address) *1809 No 9th St*

