

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.

1 APR 25 1934

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

Do not use this space.

11049

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3715) Oak Hill

File No.....
Registered No. 2909
St..... Ward.....

2. FULL NAME

Mary Candish
(a) Residence, No. 3715 Oak Hill St. 16 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Candish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 91

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 27

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

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) Croatia

FATHER 13. NAME Stephen Ban

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

MOTHER 15. MAIDEN NAME Agnes Balcraic

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

17. INFORMANT (ADDRESS) Agnes Candish

18. BURIAL, CREMATION OR REMOVAL PLACE St Peter & Paul DATE Mar 26, 1934

19. UNDERTAKER (ADDRESS) Wm C. Moydell

20. FILED 1934

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar - 20th, 1934, to Mar - 22, 1934

I last saw her alive on Mar - 22, 1934. Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Cardiac Mitral Regurgitation
with (valvular disease)

133C

Other contributory causes of importance:
Hepatic enlargement
with cholestasis
Renal suppression

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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 (Signed) Dr. J. D. Pridemore, M. D.

(Address) 395 1/2 Spruce Ave
St. Louis, Mo

