MAY 25 1934

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

Do not use this space.

File No. 14085

Registered No. 109

1. PLACE OF DEATH

County St. Louis — Registration District No. 785

Township Bonhomme — Primary Registration District No. 3037

City Kirkwood (No. Boaz + Bach Rds. St. Ward)

2. FULL NAME Margaret J. Carlus

(a) Residence, No. Boaz + Bach Rd. St., 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 Geo. Carlus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1873

7. AGE: Years 60 | Months 10 | Days 21 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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) Shelby County Ind.

FATHER

13. NAME Edward Murray

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

MOTHER

15. MAIDEN NAME Mary J. McLain

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

17. INFORMANT Mrs. Ruth Forister
(ADDRESS) Boaz and Bach Rds.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 4/25, 1934

19. UNDERTAKER Gropham Undertaking Co
(ADDRESS) 5746 Manchester Ave.

20. FILED 4-24, 1934 Rachel D. Mgle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to April 23, 1934

I last saw h... alive on April 14, 1934. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Chronic Myocarditis	1929
Cat.	
Ca.	

Other contributory causes of importance:

Arteriosclerosis	1929

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

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) R. L. Wells, M. D.

(Address) Kirkwood Mo

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.