

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

Do not use this space.

22074

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **714**, **Holly Hills**)

File No.
 Registered No. **5830**
 St. Ward)

2. FULL NAME

Amelia Marty

(a) Residence, No. **714 Holly Hills** St. **1** Ward.

(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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Marty**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 15 - 1888**

7. AGE YEARS **45** MONTHS **6** DAYS **4** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home**
 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) **Switzerland**

MOTHER 13. NAME **Louis Benz**

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

15. MAIDEN NAME **Amelia Hegner**

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

17. INFORMANT **Amelia Marty** (ADDRESS) **714 Holly Hills**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **June 12 1934**

19. UNDERTAKER **Fenally and Co** (ADDRESS) **7819 Michigan Ave**

20. FILED **12** 19 **J. Pradeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 9 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 2 1934** to **June 7 1934**
 I last saw him alive on **June 6 1934** Death is said to have occurred on the date stated above, at **9 A.** m.

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

Tuberculosis of Throat Date of onset **1933**
233
 Other contributory causes of importance: **Pulmonary Tuberculosis 1933**

Name of operation Date of
 What test confirmed diagnosis? **Chest x. Ray** 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) **E. J. Fund** M. D.
 (Address) **5417 No Grand Blvd**

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.

