A. H. Wurzer M.D.

SEP 25 1934

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

Do not use this space.

30664

1. PLACE OF DEATH

96

County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 248

City Marion Park (No. 9411 Chester ave St. Ward)

2. FULL NAME Virginia Ann Marlowe

(a) Residence, No. 9411 Chester St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M. V Marlowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): april 23 1863

7. AGE: YEARS 71 — MONTHS 3 — 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.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): June 31 1933
11. Total time (years) spent in this occupation: 39 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hancock Co. Ky

FATHER

13. NAME: Francis Jarbal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hancock Co Ky

MOTHER

15. MAIDEN NAME: Susan Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hancock Co Ky.

17. INFORMANT (ADDRESS): R. R. Marlowe, 9411 Chester overland mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cem DATE: aug 15 1934

19. UNDERTAKER (ADDRESS): Bairman Brosund Co inc, 8504 Woodson Rd overland mo

20. FILED: 8-13, 1934 H A Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 13th, 1934 to Aug 13, 1934

I last saw her alive on Aug 13th, 1934. Death is said to have occurred on the date stated above, at 3 17/A m.

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

Chronic myocarditis
Chronic Nephritis
121
920
112
120

Date of onset

131

Other contributory causes of importance:

Senility

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

What test confirmed diagnosis? Lab 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) Arnold H Wurzer, M. D.

(Address) 8900 St Chas Rd.

N. B.—Every item of information should be carefully supplied. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD