

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

Do not use this space.

1. PLACE OF DEATH

County..... SEP 13 1934 Registration District No. 791
Township..... 1003
City St. Louis (No., Sanitarium) St. Ward

File No. 31041
Registered No. 8308
St. Ward

2. FULL NAME

Mary Morris
(a) Residence, No. Unknown St. A Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. X 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 Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870 unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 X Unknown Unknown or

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
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) Unknown Ireland

MOTHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT G. A. Mester (ADDRESS) 5400 Central St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabony DATE 8/10/34

19. UNDERTAKER (ADDRESS) J. H. Gebber 1420 28th St. St. Louis

20. FILED 16 14 10 1934 J. P. Bredeck Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934, to Aug 10 1934
I last saw her alive on Aug 10 1934 Death is said to have occurred on the date stated above, at 9:55 am.
The principal cause of death and related causes of importance were as follows:

Encephalomalacia
Pyelitis
13517
126
Other contributory causes of importance:
Arterio Sclerosis
Cholelithiasis & Cholecystitis (Chr.) 1929

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) G. A. Mester, M. D.
(Address) City Sanitarium 5400 Central St

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.

WHILE PRINTING, WITH CONTINUING INK—THIS IS A PERMANENT RECORD

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