

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.

APR 9 1935

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

Do not use this space.

7583

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No. Central Hospital) St. Ward)

File No.
Registered No. 2062

2. FULL NAME

Mary J. Kaesser,

(a) Residence, No. 6132 Etzel Ave., St. 5 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Kaesser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 9

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.

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) Missouri

13. NAME Nicholas Schira

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

15. MAIDEN NAME Mary Herwig

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

17. INFORMANT Paul Kaesser
(ADDRESS) 6132 Etzel Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Bethany, Cem. DATE Mar. 2, 1935

19. UNDERTAKER Geo. W. Clark,
(ADDRESS) 125 Hodiamont Ave.

20. FILED MAR 11 1935 J. F. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1935, to Feb. 28, 1935

I last saw her alive on Feb. 28, 1935. Death is said

to have occurred on the date stated above, 8:00 P.M.

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

Chronic myocarditis Date of onset

930

Other contributory causes of importance:

Cholelithiasis
unobstructed as to stones

Name of operation..... Date of.....
What test confirmed diagnosis? Abundant 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) F. L. Fidelity, M. D.
(Address) 6104 Eastern

Dr. J. H. ...
6104 East ...
EV. 8346.