

APR 9 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**City St. Louis, 502 Kings Highway (St. Louis Childrens Hosp. St.) (Ward)File No. **11275**Registered No. **2932**2. FULL NAME MARY Ann Singer(a) Residence, No. 2113 Sidney St., 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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) ST Louis (STATE OR COUNTRY) MO13. NAME FRANK J.14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME MARGARET ROTH16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT J. M. Dhuin (ADDRESS) 502 Kings Highway18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE MAR 29 193519. UNDERTAKER Leraig Undertaking Co. (ADDRESS) 4465 Washington Blvd.20. FILED MAR 29 1935 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-35 1922. I HEREBY CERTIFY, That I attended deceased from 3-23-35, 19, to 3-27-35, 19.I last saw h. FR alive on 3-27-35, 19. Death is saidto have occurred on the date stated above, at 3:30 a. m.

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

Primary  
Bronchopneumonia  
Empyema  
(Staphylococcus)

Date of onset 7 daysOther contributory causes of importance: NO

Name of operation .....

Date of .....

What test confirmed diagnosis? thoracentesis Was there an autopsy? no

28. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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) Ja Jaudon, M. D.(Address) St. Louis Ch. Hosp.

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

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.

