

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

Do not use this space.

JUN 4 1935

14153

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Donnominie Primary Registration District No. 3037
 City Niskwood Mo (No. 303 Central Ave) St. _____ Ward _____

2. FULL NAME

Marie Antoinette Dusard
 (a) Residence, No. 303 Central Ave St. _____ Ward _____
 (Usual place of abode) (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug. D. Dusard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1848

7. AGE YEARS MONTHS DMS IF LESS than 1 day, hrs. or min.
86 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Net Weaver

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) Switzerland

13. NAME Joseph Riems

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

15. MAIDEN NAME _____

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

17. INFORMANT Catherine E. Dusard
 (ADDRESS) 303 Central Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Culinary Cem DATE 4-10-1935

19. UNDERTAKER Louis H Bopp
 (ADDRESS) _____

20. FILED 4/8 1935 Agnes C Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1924, to April 8 1935

I last saw her alive on April 5 1935. Death is said to have occurred on the date stated above, at 11:40 A.M.

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

Cerebral Thrombosis undetermined

Senility
Chronic Gastritis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory 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) Irma M. Blanchard, M. D.

(Address) 322 Lockwood Ave. Nether Grove Mo

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.

