

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

Do not use this space.

JUN 4 1935

18591

1. PLACE OF DEATH

County St. Louis
Township Central
City Woods

Registration District No. 1170
Primary Registration District No. 6248H
(No. St. Marys Hospital)

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 718 Enterprise St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Marie

22. I HEREBY CERTIFY, That I attended deceased from April 20 1935, to May 7, 1935
I last saw her alive on May 7, 1935. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death, and related causes of importance were as follows:
Criminal Abortion
Followed by Intermittent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 1 26

Date of onset _____
Criminal Abortion
Followed by Intermittent

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Generalized Peritonitis
Cellulitis and Peritonitis
Peritonitis April 20, 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

Name of operation peritonitis Date of May 7, 1935
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME William Bengia

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

15. MAIDEN NAME Mary Ellen Bengia

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

23. If death was due to external cause (injury), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? 677 Belmont
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Marie
718 Enterprise

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium No 5-8

19. UNDERTAKER (ADDRESS) DeWitt & Sons
6175 12th St

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) John B. Turner, M. D.
(Address) 3718 Jennings St.

20. FILED May 8, 1935 Enterprise

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.

RECORDED WITH ORIGINAL INFORMATION THIS IS A PERMANENT RECORD

