

27 1935

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

Do not use this space.

20877

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City Ferguson (No. 208, Adams St. _____ Ward)

File No. _____
Registered No. 88

42. FULL NAME Mary M. Wille

(a) Residence, No. 208 Adams 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Wille
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1875
7. AGE YEARS 59 MONTHS 11 DAYS 9
If LESS than 1 day, _____ hrs. or _____ min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Missouri

13. NAME I don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

15. MAIDEN NAME Caroline Herman

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

17. INFORMANT Mrs. Theodore Wille
(ADDRESS) 208 Adams Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pk. DATE June 19, 1935

19. UNDERTAKER Geo. L. Pleitich Inc
(ADDRESS) 5916 Eastern Ave.

20. FILED 6/17, 1935 Wa Zeiter
Registrar. P. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb., 1934, to 6/17, 1935
I last saw her alive on 6/14, 1935. Death is said

to have occurred on the date stated above, at 2:12 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1934

Other contributory causes (importance) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Feb. 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) Geo. L. Pleitich, M. D.
(Address) Ferguson Mo

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