

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

Do not use this space.

1. PLACE OF DEATH III 12 1935

**791
1008**

21273

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. City South)

File No.....

Registered No. 5208

2. FULL NAME

Mary Greenwell

(a) Residence, No. 744 Walton St. 12 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1935 to 6/14, 1935.

I last saw her alive on 6/14, 1935. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1909

to have occurred on the date stated above, at 4:30 p.m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 14 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Geo. Greenwell

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

15. MAIDEN NAME Ella Depton

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

17. INFORMANT Sharp Sup. M. Keut (ADDRESS) City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Malcom DATE June 17 1935

19. UNDERTAKER Craig Undertaking Co. (ADDRESS) 1115 W. Jackson

20. FILED Jun 15 1935 J. Bredeck Registrar.

Date of onset

Intestinal Obstruction due to adhesions from an appendectomy performed 15 yrs ago.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) John J. Keut, M. D. (Address) City, Mo.

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.

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