

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.

OCT 23 1935

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

Do not use this space.

31070

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. 4419, Barnett)

File No. ....  
Registered No. **7865**  
St. .... Ward)

2. FULL NAME

Mary Romann  
(a) Residence, No. 4419 Barnett St., 15 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1854</u>		
7. AGE YEARS MONTHS DAYS <u>82</u> <u>1</u> <u>22</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) Germany

13. NAME Unknown Gaatsch

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) William G. Dippert  
2825 Jackson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 9-20 1935

19. UNDERTAKER (ADDRESS) Witt Bros. & Co.  
2929 S. Jefferson Ave.

20. FILED 18 1935 REGISTRAR J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

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

HEREBY CERTIFY, That I attended deceased from July 14 1934 to Sept 17 1935  
I last saw him alive on Sept 16 1935 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Chronic Myocarditis  
Arteriosclerosis  
Senile Degeneration of heart

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. 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?  
If so, specify .....

(Signed) Stumpf Rudolph, M. D.  
(Address) 3750 Grand

Date of onset  
7-14-34  
7-14-34  
7-14-34  
7-14-34

