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.

DEC 12 1935

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

Do not use this space.

37300

File No. 9241

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1 ...

Township ..... Primary Registration District No. 1 ...

City St. Louis (No. 615 N. Euclid St. ..... Ward)

2. FULL NAME Mary Smith

(a) Residence, No. 615 N. Euclid St., 12 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: 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: Ralph Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt. June, 1878

7. AGE: Abt. 57 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Toledo Ohio

FATHER
13. NAME: Frank Bopp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ralph Smith, 615 N. Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Nov. 4th, 1935

19. UNDERTAKER (ADDRESS): Albert H. Hope Inc., 429 N. Euclid Ave.

20. FILED NOV - 3 1935 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to to Oct 28, 1935

I last saw her alive on on Oct 28, 1935. Death is said to have occurred on the date stated above, at 12:00 m.

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

Myocarditis Mitral Insufficiency

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Other contributory causes of importance:

Chronic Interstitial Nephritis

Date of onset

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) Otto L. Sahlender, M. D.

(Address) 4906 Washington Blvd