

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.

JAN 23 1936

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

Do not use this space.

41221

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City **St. LOUIS** (No. **1400 Bremen Ave.**) St. **26** Ward

File No.....
 Registered No. **10433** St. **26** Ward

2. FULL NAME

MARY BETTY HURST
 (a) Residence, No. **1400 BREMEN AVE.** St., **26** 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) **SINGLE**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 4TH 1919**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 **8** **5**

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **NONE**
 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) **St. LOUIS**

MOTHER FATHER
 13. NAME **RALPH HURST**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

MOTHER FATHER
 15. MAIDEN NAME **ALICE TRAMCY**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known**

17. INFORMANT **Dora Hacker**
 (ADDRESS) **1406 Bremen Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **BAKERY** DATE **DEC 11TH 1935**

19. UNDERTAKER: **Edmund Koch**
 (ADDRESS) **3514 N. 14th St.**

20. FILED **DEC 10 1935** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 9 1935**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 1935** to **Dec 9 1935**
 Last seen alive on **Dec 8 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:

**(Heart of several years)
 Epitaxial
 (Probably Tuber)**
 Other contributory causes of importance: **85
 Amenorrhoea
 AMENORRHEA** **7/1/35**

Name of operation **None** Date of **✓**
 What test confirmed diagnosis? **Microscopic** (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? **No**
 If so, specify
 (Signed) **J. O. Fisher** M. D.
 (Address) **2505 No 13th**

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