

FEB 11 1936

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

Do not use this space.

3883

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 4888 Pennesse St.)

File No.....

Registered No. 1159

St. Ward

2. FULL NAME Marie L. Mahmeyer

(a) Residence, No. 4888 Pennesse St., 7 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

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 Clarence W. Mahmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 35 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 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, Mo.

13. NAME Henry Zoeller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Central City Mo.

15. MAIDEN NAME Mary Faith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Clarence W. Mahmeyer (ADDRESS) 4888 Pennesse St.

18. BURIAL, CREMATION, OR REMOVAL Partly PLACE Sunset Burial DATE Feb 12 1936

19. UNDERTAKER Fraeger-Loss (ADDRESS) 340 2nd St. St. Louis

20. FILED Jan 31 1936 J. P. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/36 1936

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1936, to January 29, 1936. I last saw her alive on Jan 29, 1936. Death is said to have occurred on the date stated above, at 2:24 A.M.

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

Acute endocarditis

Date of onset

Other contributory causes of importance:

Malignancy of breast

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

What test confirmed diagnosis?..... 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) W. L. Allen, M. D.

(Address) 5A. 74 N. Union Blvd.

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.

