

MAR 25 1936

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

Do not use this space.

8718

## 1. PLACE OF DEATH

County *St. Louis*Registration District No. *1123*Township *Carroll*Primary Registration District No. *6248 E*

City

(No. *333 Williams*)

St.

Ward)

2. FULL NAME *Mary Journey*(a) Residence, No. *333 Williams*

St.

Ward.

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.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*Female*

## 4. COLOR OR RACE

*White*

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

*Widowed*

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF*Charles Journey*

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

*July 18 1864*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .....hrs.

or .....mins.

*71**7**8*

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.*House work*9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.*at home*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)

*Mo*

## MOTHER FATHER

## 13. NAME

*Charles Hoppel*

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Hermanns*

## 15. MAIDEN NAME

*Mary Leticia*

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Mo*

## 17. INFORMANT

(ADDRESS)

*Mrs. Hoyer  
333 Williams*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

*St. Matthews*

DATE

*March 2 36*

## 19. UNDERTAKER

(ADDRESS)

*Funeral Home Co.  
244 Lamar St. Red*

## 20. FILED

*3-2*

1936

*M. Journey  
Registrar*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Feb 28*19 *36*

## 22. I HEREBY CERTIFY, That I attended deceased from

*October 8, 1935, to Feb 28, 1936*I last saw him alive on *Feb 20, 1936* Death is saidto have occurred on the date stated above, at *5:45 P.M.*

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

*Chronic myocarditis*

Date of onset

*Chronic*

## Other contributory causes of importance

*Chronic Bronchitis**Chronic*

## Name of operation

Date of

What test confirmed diagnosis? *Clinical* 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)

*Jay Phillips*

M. D.

(Address)

*7702 Jimmy*

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.

