JUN 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 17960

Township ..... Primary Registration District No. 1003 Registered No. 4787

City ST. Louis Mo. (No. [illegible] St. ..... Ward)

2. FULL NAME Maria Fishback

(a) Residence, No. 705 No. Leonard Ave 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31. 1868

7. AGE: YEARS 67 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Henry Bouyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

MOTHER

15. MAIDEN NAME Millie Fergurson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond VA.

17. INFORMANT (ADDRESS) Nellie Blackman 705 No. Leonard Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 1. 1936

19. UNDERTAKER (ADDRESS) Jas. H. Randle & Son 920 No. Leonard Avenue

20. FILED MAY 1 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:35 P m.

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

Chr. Myocarditis
Arteriosclerosis

Date of onset

Other contributory causes of importance: 13 C

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? .....

If so, specify .....

(Signed) Harold [illegible] M. D.

(Address) [illegible]

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.