

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1008
City Hospital #1

File No. 21300
Registered No. 5511
St. Ward)

2. FULL NAME

Mary Antoon

(a) Residence, No. 1517 Park St., 22 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) Abt. 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abt. 53 Unknown

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housework

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) Syria

13. NAME Jacob Antoon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

15. MAIDEN NAME Catherine Polus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

17. INFORMANT John Antoon (ADDRESS) 1517 Park, Ave.

18. BURIAL CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE 5/26/36 19.

19. UNDERTAKER W. C. Maydell (ADDRESS) 1926 Allen, Ave

20. FILED MAY 26 1936 19. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/36 19

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 23, 1936.

I last saw him alive on May 23, 1936. Death is said to have occurred on the date stated above, at 5.30 A.M.

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

Cerebral Occlusion
Arteriosclerosis
Myocarditis
Other contributory causes of importance:
Prostatic Hypertrophy
Hypertension

Name of operation None Date of
What test confirmed diagnosis Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. C. Harms M. D.
(Address) Wentworth Club

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.

2010 1936

MAY 26 1936

