

OCT 5 1936

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

Registration District No. 791
Primary Registration District No. 1003
(No. 6218 Tholozan Ave.)

File No. 35688
Registered No. 9306
St. Ward)

2. FULL NAME

Mary A. VanBuren

(a) Residence, No. 6218 Tholozan Ave. St. 14 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Jacob J. VanBuren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 22

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Sebastian Holzmeier

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

15. MAIDEN NAME Unknown Frink

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

17. INFORMANT Mens Van Buren
(ADDRESS) 6218 Tholozan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 9-9 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED 8 1936
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1936 to 9/7 1936
I last saw him alive on 9/3 1936 Death is said to have occurred on the date stated above, at 8:10 A.M.

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

Myocarditis, chronic.
Nephritis, chronic.
Acute Cardiac Failure
Edema, Simple.
Date of onset 8/10/36

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy?

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) M. D.
(Address) 3606 Travis - St. Louis, Mo.

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.

STATE PRINTED WITH UNFOLDING MARGIN—THIS IS A PERMANENT RECORD

Mr. Lohr

3606 Grandis

La 3434 2-4