

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

Township

Primary Registration District No. 3036

City

St. Charles(No. 7)

St.

Ward

2. FULL NAME

Mary Gertrude Aymond

(a) Residence, No.

St.

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Frank Aymond

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

Jan 23rd 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

7301

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.

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. Charles, Mo.

FATHER

13. NAME

Valentine Mohr

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Mary Brothe

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Frank Aymond
St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Cemetery DATE Jan 27th 1937

19. UNDERTAKER

(ADDRESS)

G. & D. Hallenbeck
St. Charles, Mo.

20. FILED

1/251937Clarence B. Threlkeld

Registrar

MEDICAL CERTIFICATE OF DEATH

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

January 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

January 19, 1937, to January 24, 1937I last saw him alive on January 24, 1937 Death is said

to have occurred on the date stated above, at m.

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

Essential Hypertension

and Coronary Disease

Robert pneumonia (bilateral)

Date of onset

21/19/37

Other contributory causes of importance:

Heart heart failure1/23/37

Name of operation

What test confirmed diagnosis? Physical 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

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) R. O. Hayden M. D.(Address) St. Charles, Mo.

