

APR 25 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
County St. Charles Registration District No. 757  
Township St. Charles Primary Registration District No. 3036  
City St. Charles (No. 618, N. Benton) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Mary Deute  
(a) Residence, No. 618 N. Benton Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 7857  
Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Fred Deute  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8th, 1858  
7. AGE YEARS 78 MONTHS 6 DAYS 8 If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as spliner, 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. Louis, Mo  
13. NAME Anna Meier  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Margaret Langohr  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Alvin Deute  
18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Feb. 18, 1937  
19. UNDERTAKER (ADDRESS) H. Hermann - Rome  
20. FILED 2/18, 1937 Clarence B. Messaly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Feb. 16, 1937  
I last saw her alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 4 A. M.  
The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis Date of onset ?  
Cardio-renal disease ?  
Other contributory causes of importance:  
9532  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. M. [Signature] M. D.  
(Address) 315 [Address] Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

