APR 9 1937

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

Do not use this space.

File No. 9892
Registered No. 2149

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. Bethesda Hospital St. ..... Ward)

2. FULL NAME Cornelia L. Medairy

(a) Residence, No. 3666 Botanical Ave. St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Joseph W. Medairy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30th. 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
89	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Baltimore
(STATE OR COUNTRY) Maryland

FATHER
13. NAME George K. Walter
14. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland

MOTHER
15. MAIDEN NAME Unk. Landstreet
16. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland

17. INFORMANT Miss Hilda Medairy
(ADDRESS) 3666 Botanical Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE March, 3- 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED MAR 2 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 1st. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1937 to March 1 1937.
I last saw her alive on Feb. 29th 1937. Death is said to have occurred on the date stated above, at 5.40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Chronic	

Other contributory causes of importance: Senility -

Name of operation none 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) H. H. Hundelshausen, M. D.
(Address) 4500 Olive St.

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.

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