APR 9 1937

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

Do not use this space.

File No. 10094
Registered No. 2657

1. PLACE OF DEATH

County ..... Registration District No. 791-
Township ..... Primary Registration District No. 1003
City St. Louis (No. City Hospital No.1 St. ..... Ward)

B. 17263

2. FULL NAME Marie Boisselier

(a) Residence, No. 1263 Aubert St., 12 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 12, 1869

7. AGE: Years 67 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil
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, Missouri

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknonw

17. INFORMANT (ADDRESS): Hosp. Info M. H. Kent, City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE [illegible] DATE 3-9 1937

19. UNDERTAKER (ADDRESS) [illegible]

20. MAR 8 1937 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/3/37, 19, to 3/6/37, 19
I last saw her alive on 3/6/37, 19. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar — Date of onset

Other contributory causes of importance:

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?
If so, specify

(Signed) [illegible], M. D.
(Address) City Hospital No.1

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.