

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis mo** (No. **Beaconess**) St. Ward
Registered No. **10189**
2754

2. FULL NAME

(a) Residence, No. **B 613 Oxford** St. **N.R.** Ward. **Maplewood Mo.**
(Usual place of abode) (If non-resident, 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Fred.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 18 1862</i>		
7. AGE YEARS <i>75</i>	MONTHS <i>1</i>	DAYS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>		
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) <i>Perryville mo</i>		
13. NAME <i>William Wightman</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Beartown Md</i>		
15. MAIDEN NAME <i>Mary Unknown</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT <i>Fred. Bauer</i> (ADDRESS) <i>2909 N 25th</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Memorial Park</i> DATE <i>March 11 1937</i>		
19. UNDERTAKER <i>Meullen Bay</i> (ADDRESS) <i>4257 Lindell Blvd</i>		
20. FILED MAR 10 1937 <i>J. F. Predest</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 7 1937* to *Mar 8 1937*.

I last saw her alive on *Mar 8 1937*. Death is said to have occurred on the date stated above, at *10:30 a.m.*

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

Diabetic Coma
Diabetes
59

Date of onset *?*

Other contributory causes of importance:
myocarditis with auricular fibrillation
?

Name of operation Date of operation
What test confirmed diagnosis? *Blood sugar* Was there an autopsy? *Yes*

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) *A. Victor Reese* M. D.
(Address) *Webster Groves 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.

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