

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

Do not use this space.

JUL 8 - 1937

**791
1008**

**22417
6169**

1. PLACE OF DEATH
 County.....
 Township.....
 City **St. Louis** (No. **City Hospital No. 1**)
 Registration District No.....
 Primary Registration District No.....
 St. Ward.....

C. **3965**
 2. FULL NAME **Mary Singen**
 (a) Residence, No. **921 a Geyer** St. **3** 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

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8th 1864**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
73	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **hwk**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

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) **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) **Unknown**

17. INFORMANT **Hosp. Info. M. Kent**
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New St. Marcus** DATE **June-26-** 19 **37**

19. UNDERTAKER **Wacker-Helderle**
 (ADDRESS) **2351 S. Broadway**

20. FILED **JUN 25 1937**
J. F. Bredeck
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/24/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **6/21/37** 19, to **6/24/37** 19
 I last saw her alive on **6/24/37** 19. Death is said to have occurred on the date stated above, at **1. 45 a**
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
(Intra-ventricular)
 Date of onset
Arteriosclerosis
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed) **W. J. Jones** M. D.
 (Address) **City Hospital No. 1**

WRITE PLAINLY WITH UNFADING INK—THIS IS A LEGAL DOCUMENT—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.

899 23

