

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

Do not use this space.

JUL 8 - 1937

791
1008

File No. 22456
Registered No. 6208
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 9 Gatesworth Hotel)

2. FULL NAME Mary A. Christy

(a) Residence, No. Gatesworth Hotel St. 12 Ward 1

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1855</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>2</u>
		<u>24</u>
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.		<u>At home</u>
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 John B. LeBeau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W. T. Christy
(ADDRESS) 6945 Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 6/28 1937

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia Lane

20. FILED JUN 27 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937

22. I HEREBY CERTIFY That I attended deceased from 10-27 1937, to 6-25 1937

I last saw her alive on 6-25 1937 Death is said to have occurred on the date stated above, at 7:05 a.m.

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

Hypertensive Cardiac disease with terminal coronary occlusion

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) Victor E. Scherman M. D.
(Address) 2919 Kingshighway, South.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCCUPATION 999 22
FATHER 31
MOTHER 31

