

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

 County
 Township
 City St. Louis (No. 3820 S. Compton)
 Registration District No. 791
 Primary Registration District No. 1003
 File No. 26029
 Registered No. 7203 Ward

2. FULL NAME

Mary Kress
 (a) Residence, No. 3820 S. Compton St. 24 Ward. (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) Married

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

Peter6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13th, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 52 0 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work9. 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) St. Louis Mo.13. NAME John Ryfeel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland15. MAIDEN NAME Louise Flier16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.17. INFORMANT Peter Kress (ADDRESS) 3820 S. Compton ave.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE July 29th, 3719. UNDERTAKER William Schumacher (ADDRESS) 3013 Meramec Street20. FILED JUL 29 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th, 193722. I HEREBY CERTIFY, That I attended deceased from 7-18-37, 1937, to 7-27-37, 1937.I last saw her alive on 7-27-37, 1937. Death is said to have occurred on the date stated above, at 4 am.

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

Cerebral Hemorrhage Date of onset 7/18/37

Other contributory causes of importance:

hypertensionName of operation physical exam Date of 7/18/37What test confirmed diagnosis physical exam Was there an autopsy no23. 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 1

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify hypertension(Signed) J. Bredeck, M. D.(Address) 3458 S. Grand St.

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.

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✓ 395-8 S. W. ...
1 to 3 - 7 to 9