

SEP 10 1937

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

29293
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. **791**
Primary Registration District No. **1003**
(d) Street No. **2209 Hebert St.**

Registered No. **7926**

2. PRINT FULL NAME

Mary S. Dryden
2209 Hebert St.

(a) Residence, No. St. **2D** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 22, 1851**
7. AGE YEARS **86** MONTHS **5** DAYS **1** If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 23, 1937**, 19
22. I HEREBY CERTIFY, That I attended deceased from **June 20, 1937** to **Aug. 23, 1937**
I last saw her alive on **Aug. 23, 1937**. Death is said to have occurred on the date stated above, at **3:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housekeeper**
9. Industry or business in which work was done, as 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) **Virginia**
13. NAME **John H. Akers**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
15. MAIDEN NAME **Martha F. Vorvell**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

Arteriosclerosis
Other contributory causes of importance:
Date of onset

17. INFORMANT (ADDRESS) **Sister Yearme 2209 Hebert St.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Aug. 24, 1937**
19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.**

Name of operation **None** Date of
What test confirmed diagnosis? **Autopsy** 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
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

20. FILED **AUG 24 1937**
J. Brebeck
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? **No.**
Or so, specify **Anthony G. Piekowski, M.D.**
(Signed) **1525 a Cass Ave.**
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION 899
FATHER 2
MOTHER 31
3

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Alfred F. Boedeker
Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)