

REC'D MAR 14 1938

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

5318  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **1963**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

C. 16189

## 2. PRINT FULL NAME

**Mary Housewright 262**  
Residence, No. **1926 South Broadway** (Usual place of abode, if no street address, write county or city) **23** (If nonresident, give city or town and State)

## 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 **Melvin Housewright**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July, 13-1868.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**69 7 10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **hwk**  
9. Industry or business in which work was done, as saw mill, bank, etc. **hwk**  
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) **Indiana**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Matthews** DATE **Feb. 25** 19**38**19. FUNERAL DIRECTOR (ADDRESS) **Wacker-Helderle**  
**2531 S. Broadway**20. FILED **FEB 24 1938** 19**J.P. Bredsch**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/22/38** 1922. I HEREBY CERTIFY, That I attended deceased from **2/3/38**, 19, to **2/22/38**, 19I last saw h. **her** live on **2/22/38**, 19. Death is said to have occurred on the date stated above, at **11.55 p**

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

**Parkinson's Disease****Pneumonia**

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..... 19Where 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) **Chas. M. Jessico**, M. D.  
(Address) **City Hospital No. 1**

