REC'D APR 4 1938

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

Do not use this space.

File No. 11916

Registered No. 46

1. PLACE OF DEATH

County St Charles Mo. Registration District No. 757

Township Primary Registration District No. 3036

City St Charles (No. 1805 N., Second St. Ward)

2. FULL NAME MARY CATHERINE HOUSE. 200

(a) Residence, No. St Charles Mo. St., 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

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 John House

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July IIth 1870

7. AGE: Years 67 | Months 7 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sleeper Mo.

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 John House
(ADDRESS) 1805 N. 2nd Str. St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE 3/29/38, 19

19. UNDERTAKER H. C. Dallmeyer & Son Co
(ADDRESS) St Charles Mo

20. FILED 3/28, 1938 Clarence G. Hessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest by View. 3-27-38, 19, to, 19

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at midnight.

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

	Date of onset
Essential hypertension and coronary disease. arteriosclerosis generalized.	

Other contributory causes of importance:

Coronarythrombosus.

Name of operation Date of

What test confirmed diagnosis? 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, 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? no

If so, specify

(Signed) John H Burc

(Address) Coroner St. Charles. Co. Mo.

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.