OCT 20 1938 LEGL NOV 4 1938

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

Do not use this space.

36752

File No.

Registered No. 1708

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township ~~Clayton~~

Primary Registration District No. 101

City Clayton (No. St. Louis County Hospital St. Ward)

562

2. FULL NAME Mary Henricks

(a) Residence, No. 237 Rayburn, Kirkwood, 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1860

7. AGE: Years 78 | Months 9 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Mo.

FATHER

13. NAME: William Toy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: Mary Dowling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): grand son.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Central Burial Pk. DATE 10-24-38, 19

19. UNDERTAKER (ADDRESS): Wacker Helderle 3634 Gravois

20. FILED OCT 20 1938 R. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/20/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/1/38, 19, to 10/20/38, 19

I last saw her alive on 10/20/38, 19. Death is said to have occurred on the date stated above, at 6.55A M.

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

	Date of onset
Senility	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) E. M. Cronley, M. D.

(Address) St. Louis County Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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