

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

Do not use this space.

38724

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis, Mo.** Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **Lutheran Hosp.**)

File No. **1365**
 Registered No. **1365**
 St. _____ Ward)

2. FULL NAME

Mary C. Haibel
 (a) Residence. No. **1202 1/2** **Willington** St., **1** 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **White**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 1 - 1850.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 **3** **18**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Mo.**

PARENTS

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Abriel F. Hochdorfer**
 (Address) **1241 1/2 Willington**

15. FILED: **Nov 22 1928** **W. C. Stark**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 19 - 1928.**

17. I HEREBY CERTIFY, That I attended deceased from
April 14, 1926, to November 19, 1928.
 that I last saw him alive on **Monday, Nov 19, 1928,** and that death occurred, on the date stated above, at **9:15 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Chronic Nephritis (Interstitial), Central
arterio Sclerosis. (duration) **5** yrs. **3** mos. **3** ds.
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **St. Louis, Mo.**

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? **no.** DATE OF _____

WAS THERE AN AUTOPSY? **no.**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory**

(Signed) **Geo. H. Matthea**, M. D.

11/20, 1928 (Address) **3109 So. Grand Ave.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **DATE OF BURIAL**

Bellefontaine Cem. **11-22-1928.**

20. UNDERTAKER **ADDRESS**

Ziegenheim Bro. 2623 Cherokee 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.

