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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 34479

Township ..... Primary Registration District No. 1003 Registered No. 9854

City St. Louis, Mo. (No. 6321 Vermont St. ..... Ward)

2. FULL NAME Marie Traub

(a) Residence. No. 6321 Vermont St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	8	29	

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) Germany

PARENTS

10. NAME OF FATHER John Heinrich

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

12. MAIDEN NAME OF MOTHER Unknown Schreiber

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

14. INFORMANT Katherine McBratney
(Address) 6321 Vermont Ave.

15. FILED OCT 16 1930 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1930, to Oct 13, 1930 that I last saw her alive on Oct 13, 1930, and that death occurred, on the date stated above, at 10:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of lungs

47B

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 49

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1929 —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic

(Signed) E. W. McBratney, M. D.

10/14, 1930 (Address) 6829 Vir.

*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
Missouri Crematory	Oct. 16, 1930.
20. UNDERTAKER Southern U. & S. Co.	ADDRESS 6320 S. Grand Bd.

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