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

Do not use this space.

34639

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 10022

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

City St. Louis (No. 1867 Cass Ave., ... St. ..... Ward)

2. FULL NAME Mary Collet

(a) Residence. No. 1867 Cass Ave., ... St., 26 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: Joseph A. Collet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	2	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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) Ohio

PARENTS

10. NAME OF FATHER Nicholas Kihn

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Joseph A Collet
(Address) 1867 Cass Ave.

15. FILED OCT 22 1930 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930, to Oct 20th, 1930 that I last saw her alive on Oct 20th 1930, and that death occurred, on the date stated above, at 8:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

92 A

93 C

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

CONTRIBUTORY (SECONDARY) Initial regurgitation

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Arthur Gundlach, M. D

10/20, 1930 (Address) 2202 University St

*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: SS Peter & Paul

DATE OF BURIAL: Oct 23rd 1930

20. UNDERTAKER: Hy Leidner Und. Co

ADDRESS: 1417 N Market St

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.