

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

Do not use this space.

41169

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 3936 Virginia Avenue)

File No.
Registered No. 11835 St. Ward)

2. FULL NAME Mary T. Spawwasser

(a) Residence. No. 3936 Virginia Avenue st., 16 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 17, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16th, 1930, to Dec 17, 1930 that I last saw h. or alive on Dec 17, 1930, and that death occurred, on the date stated above, at 4:30 P. a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 7th, 1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 11 10

Emphysema of Lungs & Cholelithiasis

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

(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Gastric Haematemesis
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

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

10. NAME OF FATHER Joseph Stuckl

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. C. Kupper, M. D.

12. MAIDEN NAME OF MOTHER Unknown

12/18, 1930 (Address) 3501 S. Broadway

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

*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.

14. INFORMANT Edward J. Spawwasser
(Address) 3936 Virginia Avenue

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Picker DATE OF BURIAL Dec. 20, 30
19

15. FILED DEC 19 1930 REGISTRAR

20. UNDERTAKER Wacker-Heldrich ADDRESS 2331 S. Brdwy.

N. B.—Every item of information should be carefully supplied. DO NOT SIGN OR SIGNATURE. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

