

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

Do not use this space.

35557

1. PLACE OF DEATH

County St. Louis Registration District No. 186
Township CENTRAL Primary Registration District No. 4469
City Maplewood Mo. (No. 7451 MANCHESTER AVE.) St. _____ Ward _____

File No. _____
Registered No. 88

2. FULL NAME

MARY HIEBIG COTTLE

(a) Residence, No. 7451 MANCHESTER AVE. 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 DANIEL J. COTTLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 6-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
56 4 23

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

13. NAME LOUIS HIEBIG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME ANTONETTE STUMPY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS. ESTHER RORAY, 7451 MANCHESTER AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE Oct. 31-1931

19. UNDERTAKER (ADDRESS) CROGAN UND. CO. INC. 7146 MANCHESTER AVE.

20. FILED 10/30 1931 Mercedes Schuster Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1931, to Oct. 29, 1931. I last saw her alive on later part of Sept., 1931. Death is said to have occurred on the date stated above, at 10 P.M.

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

Congenital Cystic Disease of Kidneys
1928
1930
Other contributory causes of importance: 1931
Anemia

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) Louis J. Arthur, M. D.
(Address) W. H. Rap. St. Louis

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.

NOV 28 1931

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

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