

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

Do not use this space.

5981

**1. PLACE OF DEATH**

96 *St. Louis*  
City *Central*  
Township *Wellston*  
City (No. *1310 Anna Ave.*)

Registration District No. *789*  
Primary Registration District No. *6033 B*

File No. ....  
Registered No. *24*  
St. .... Ward)

**2. FULL NAME**

*Marie Mihmet*

(a) Residence, No. *1310 Anna Ave.*, St. .... 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~~ *Married*  
~~DIVORCED~~ (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Allie Mihmet*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 23-1894*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*37 5 6*

OCCUPATION  
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. *235*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *St. Louis*  
(STATE OR COUNTRY) *Missouri*

MOTHER FATHER  
13. NAME *John Tipper*

14. BIRTHPLACE (CITY OR TOWN) *New York*  
(STATE OR COUNTRY) *26*

15. MAIDEN NAME *Mary Marsh*

16. BIRTHPLACE (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) *10*

17. INFORMANT *Allie Mihmet*  
(ADDRESS) *2320 S. 99th St. City*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *Mar. 4 1932*

19. UNDERTAKER (ADDRESS) *Wm. W. Clark*  
*125 No. Jackson Ave.*

20. FILED *2/29* 19 *32* *Joel Gray, M.D.*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

2. **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Feb. 29 1932*

22. I HEREBY CERTIFY That I attended deceased from *Oct 15 1930* to *Feb 29 1932*  
I last saw *her* alive on *July 29 1932* Death is said to have occurred on the date stated above, at *1:30 p. m.*  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis *9/15/30*  
*131*  
*930/31*  
Other contributory causes of importance:  
Chronic interstitial nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Qued* Was there an autopsy? *No.*

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? *(D)*  
(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? *No.*  
If so, specify .....

(Signed) *Norman Windgoff*, M. D.  
(Address) *6131 E. 27th Ave. St. Louis Mo*

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.

APR 25 1932

