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

Do not use this space.

30781

File No. 30781
Registered No. 90

1. PLACE OF DEATH
County St. Louis
Township
City Webster Groves (No. 5 Mason Ave Webster Groves Mo. St. Ward)
Registration District No. 788
Primary Registration District No. 1471

2. FULL NAME Mary Elizabeth Dubuque
(a) Residence, No. 5 Mason Ave Webster Groves Mo Ward. Webster Groves Mo
(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.

OCT 20 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1933

7. AGE: Years ✓✓ | Months 6 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME William L Dubuque
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Jennie A Weidinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) William L Dubuque 5 Mason Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 9-12, 1933

19. UNDERTAKER (ADDRESS) Mullen Hyd Co 5165 Delmar Blvd

20. FILED 9-12, 1933 Dr. A. W. Westing (E. Culver) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to Sept 10, 1933
I last saw her alive on Sept 6, 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchio pneumonia — Date of onset 9-4-33
109A
159
0145

Other contributory causes of importance:
Prematurity
Myocardium Adipose
Chronic Atelectasis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? ..... (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) M. J. Lonzinger, M. D.
(Address) 3820 Washington

Dr Wiedrings
5 HUM.