

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

Do not use this space.

OCT 11 1934

34340

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **528 Fassen St.**)

File No.....
Registered No. **9133**
St. Ward)

2. FULL NAME

Maria G. Wells

(a) Residence, No. **528 Fassen Street** St. **16** 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 **Widow** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harry M. Wells**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 6th. 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House-work**

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) **St. Louis, Mo.**

MOTHER FATHER 13. NAME **John C. Thorp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER 15. MAIDEN NAME **Jessie Eichelberg**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

17. INFORMANT (ADDRESS) **Mrs. J. G. Nulsen 528 Fassen Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Mo. Crematory Sept. 14th 34**

19. UNDERTAKER (ADDRESS) **W. Schumacher 3013 Meramec Street**

20. FILED **11 1934** **J. Bredenk** Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 12th. 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 2nd 1934** to **Sept. 12th 1934**
last saw her alive on **Sept. 11th 1934** Death is said

to have occurred on the date stated above, at **6/15pm**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset
131
930
131
Interstitia Nephritis

Name of operation **none** Date of.....
What test confirmed diagnosis? **Ch. Finding** 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? **no**
If so, specify **Frank J. Schwarz**, M. D.
(Signed) **Frank J. Schwarz**
(Address) **5530 Virginia Ave**

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.

