APR 3 1935

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

Do not use this space.

11101

File No.

Registered No. 2732

Registration District No. 1003 791

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1315a, Hamilton Ave. St. Ward)

2. FULL NAME Mary Follner

(a) Residence, No. 1315a Hamilton 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: George L. Follner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 26, 1888

7. AGE: Years 46 Months 0 Days 24 If LESS than 1 day, ...hrs. or ...min.

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.: At home

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): Lambach Austria

FATHER

13. NAME: Franz Gattermayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lambach Austria

MOTHER

15. MAIDEN NAME: Theresa ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lambach Austria

17. INFORMANT (ADDRESS): Mr. George L. Follner 1315a Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem. DATE: March 26, 1935

19. UNDERTAKER (ADDRESS): Geo. L. Plitsch Inc. 5916 Easton Ave.

20. FILED: MAR 25 1935 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1935, to 3-22, 1935

I last saw h. alive on 2-2, 1935. Death is said to have occurred on the date stated above, at 6:15 P. m.

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

	Date of onset
Carcinoma of Sigmoid	
Metastasis to Intestines	
46	

Other contributory causes of importance:

Cachexia	4 yrs ago
Anemia	

Name of operation: Fecal Intestinal Date of

What test confirmed diagnosis? Surgery 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) [illegible], M. D.

(Address) [illegible]

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.

5914 Dubois Blvd
1.30 to 3 PM
Cab 5852