

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Resident No. 915 S. Olive, St. 18 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

7. AGE

YEARS 38

MONTHS 6

DAY 2

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. JAN 17 1921

FILED

19

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 16 1921
I HEREBY CERTIFY That I attended deceased from 12 to Jan 16 1921 that I last saw him alive on Jan 16 1921 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of cervix uteri
46 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Hering, M.D.

17, 1921 (Address) City of St. Louis

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | **DATE OF BURIAL**

Iron Mountain No. 1-18-1921

20. UNDERTAKER

ADDRESS

Kingshouser U. Co. Manchester

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.

792

1003

2093

584

St. Louis - (No. City of St. Louis)
Julia Baker

915 S. Olive, St. 18 Ward.
Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds.

Female | White | Married
Wife of

July 14 - 1888

38 | 6 | 2

Homemaker
At Home

Missouri

John Landers

Illinois

Mary Baker

St. Louis

Anna
City of St. Louis

Mar. B. Starke
11

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46 (duration) yrs. mos. ds.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL
Iron Mountain No. 1-18-1921

20. UNDERTAKER | ADDRESS
Kingshouser U. Co. Manchester

Maheer.