

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

Do not use this space.

25615

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **2721A**)

Hickory St.

File No.

Registered No. **7213**

St. Ward)

2. FULL NAME

Julia Steers

(a) Residence No. **2721A**

City **Hickory**

St. **22** Ward.

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.

(If nonresident give city or town and State)

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

William Steers

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

Dec. 7-1862

7. AGE

YEARS **64**

MONTHS **8**

DAYS **-**

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

10. NAME OF FATHER

John McCann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Katherine Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14. INFORMANT

Mrs. Marie Brown
(Address) **2721A Hickory St.**

15. FILED

AUG -9 1927
Maub & Starckoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 7 1927

17.

I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 1927, to **Aug 7**, 1927 that I last saw her alive on **Aug 6**, 1927, and that death occurred, on the date stated above, at **10.30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus

CONTRIBUTORY (SECONDARY)

46

(duration) yrs. **7 1/2** mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Clarence Gibson**

Clarence Gibson M. D.
Aug 9th, 1927 (Address) **St. Louis Mo**

*State the DISEASE CAUSING DEATH, or in deaths 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

Calvary Cemetery **Aug 10 1927**

20. UNDERTAKER

ADDRESS

E. J. Schmur **3125 Lafayette**

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.

WRITE IN INK, WITH UNFADING INK. THIS IS A PERMANENT RECORD

