

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

Do not use this space.

38916

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1390**)

File No.
Registered No. **11657**

2. FULL NAME

(a) Residence. No. **1441 N. 10.** St. **25** Ward.
(Usual place of abode)

(If nonresident give city of town and State)

Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 26 1927**

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

17. I HEREBY CERTIFY That I attended deceased from **Dec 23 1927** to **Dec 26 1927** that I last saw **alive** on **Dec 26 1927** and that death occurred, on the date stated above, at **3:30 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 24 1882**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS **45** MONTHS **—** DAYS **27** If LESS than 1 day, hrs. or min.

Carcinoma of cervix uteri

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.....

CONTRIBUTORY (SECONDARY) **46** (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Osland** (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER **Robt. Gylbar**

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Osland** (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Henry C. Westerman, M. D.**
26 1927 (Address) **City of St. Louis**

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Osland** (STATE OR COUNTRY)

*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.

14. INFORMANT **Ed. Perry** (Address) **City of St. Louis**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **Dec 29 1927**

15. FILED **DEC 28 1927** **max. G. Starnes** REGISTERED

20. UNDERTAKER **Aug. Brockland & Co.** ADDRESS **1421 N. 9 St.**

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.

Przydlowka