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

Do not use this space. 15120

~~14853~~

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 4042

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis Mo. (No. 1453 N. Market St. ..... St. ..... Ward)

**2. FULL NAME** Mrs. Helen Daulby

(a) Residence. No. 1453 N. Market St. St., 26 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11th. 1897

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 31 | 3 | 0 | |

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) .....
(STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER John Bowers

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

12. MAIDEN NAME OF MOTHER Lena Eheck

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

14. INFORMANT Lawrence Daulby
(Address) 1453 N. Market St.

15. FILED APR 13 1928 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928, to 4 P.M. 1928 that I last saw her alive on 4/10, 1928, and that death occurred, on the date stated above, at 7/45A. M.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus

48 46

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

3 DID AN OPERATION PRECEDE DEATH? diagnostic curettage DATE OF 3/20/28

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) Wm R. Gunn M. D

, 19 (Address) 2227 S Bedway

*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 |
|---|---|
| Friedens | April 13 1928 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Ky Leidner Und Co. | 1417 N. Market 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.