

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

Do not use this space.

25144

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5078 Maple Ave)..... St. .... Ward.....

File No. ....  
Registered No. 6930.....  
St. .... Ward.....

**2. FULL NAME**

Hilma May Shirley  
(a) Residence. No. 5078 Maple Ave St. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1880

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
|        | 47    | 6      | 4    |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Cashier  
(b) General nature of industry, business, or establishment in which employed (or employer) N.A. Film Exchange  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Steausburg  
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Albert J Shirley

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

12. MAIDEN NAME OF MOTHER Elna Dietz

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

14. INFORMANT Mrs. Elna Shirley  
(Address) 5078 Maple Ave

15. FILED JUL 5 1928  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-2-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to July 2, 1928  
that I last saw him alive on July 27, 1928, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of uterus  
(duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY Phenol Carcinoma  
(SECONDARY) (duration) 6 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 46  
IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? no DATE Jan 10-28  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W.S. Brown, M.D.  
, 19 (Address) Wall Bldg.

\*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 Dalhalla Cem. DATE OF BURIAL July 5 1928

20. UNDERTAKER Alexander Sons ADDRESS 6175 Adams

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.

W.A. 56:7

11/10 10:00 2:00