

**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. **791**  
 Township..... St. Louis..... Primary Registration District No. **1003**  
 City..... *St. Louis Baptist Hosp.*..... Registered No. **25727**  
 St. .... Ward **7545**

**2. FULL NAME**

(a) Residence. No. *37 St. Vandenberg* St. .... Ward *11*  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 *Julius Macey*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 24 1890*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*37 6 28*

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) *Kentucky*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *E. Miller*

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

12. MAIDEN NAME OF MOTHER *M. Phillip*

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

14. INFORMANT (Address) *Julius Macey 37 St. Vandenberg Pl.*

15. FILED *23 1928* REGISTRY *Max C. Starker*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7-21 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 1927* to *7-21-28* that I last saw her alive on *7-20-28* and that death occurred, on the date stated above, at *6:30 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Cancer of the uterus*  
*48 46* (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

18 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....  
 WAS THERE AN AUTOPTSY? *No*  
 WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy*  
 (Signed) *J. H. Franklin* M. D.  
 , 19 (Address) *2945 Franklin*

\*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 *London Ky.* DATE OF BURIAL *Feb. 23 1928*

20. UNDERTAKER *Shirley Powell* ADDRESS *2855 9/2 St.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

