

**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. 701

Township.....

Primary Registration District No. 1000

City St. Louis

(No. St. Johns Hospital)

File No. 16110  
Registered No. 4142  
St. .... Ward)

**2. FULL NAME**

Rebecca E. Stauble

17 Ward.

Steelville, Mo.  
(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)**

Married

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

Liane B. Stauble

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

about 69

**7. AGE**

YEARS

MONTHS

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)**

Crawford, Co. Mo.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Elias Matlock

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Germany

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Mukensaw

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ill

(STATE OR COUNTRY)

**14.**

INFORMANT

D. C. Matlock  
(Address) 4030 Chouteau

**15.**

FILED

APR - 8 1929

Max C. Starnes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 7<sup>th</sup> 1929

**17. HEREBY CERTIFY** That I attended deceased from July 15 1929 to April 7 1929 that I last saw her alive on April 6 1929, and that death occurred, on the date stated above, at 4:48 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of cervix uteri

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

Steelville, Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical Exam  
(Signed) D. C. Matlock, M. D.  
4/7 1929 (Address) 4030 Chouteau av.

\*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

Steelville Mo

April 8 1929

**20. UNDERTAKER**

ADDRESS

Alexander Innes 6175 Dehua

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.

235  
1  
29  
31

~~Sto-ang~~