

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

Do not use this space.

32236

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 7002
 City St. Louis (No. 4000² Lucky St) St. 11 Ward 9302

2. FULL NAME

Rosalie Stubblefield
 (a) Residence. No. St. 11 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David R Stubblefield
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 - 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 0 4
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. at Home
 (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) Illinois
 10. NAME OF FATHER John George
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Illinois
 12. MAIDEN NAME OF MOTHER Don't Know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Illinois

14. INFORMANT David R Stubblefield
 (Address) 4000² Lucky St

15. FILED 17 19 1929 May C Baker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 - 1929
 17. I HEREBY CERTIFY, That I attended deceased from 23 1929, to Sept 15 1929, that I last saw her alive on Sept 15 1929, and that death occurred, on the date stated above, at 910 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
48
460
Carcinoma of uterus - local
 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) David R Stubblefield M. D.
9/16 1929 (Address) 4012² W. Flinnant
 *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 Cabany DATE OF BURIAL 9-19 1929
 20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 Wash 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.

23
9

Dr. [unclear]

Home [unclear]

9-10 am