

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

Do not use this space **3532**

~~2061~~
~~3194~~
Registered No. **1033**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **2817 Minnesota Ave**)

2. FULL NAME

Anna M. Bily
(a) Residence. No. **2817 Minnesota Ave** 16 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 29 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **Sept 1929** to **Jan 29, 1930** that I last saw h. **live on Jan 29, 1930**, and that death occurred, on the date stated above, at **5:45 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 16, 1875**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
54 1 13

Carcinoma

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

of Uterus (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Metastases to pelvis** (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

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

10. NAME OF FATHER **Wal. Karger**

DID AN OPERATION PRECEDE DEATH? DATE OF _____

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

19. WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Edward M. D.**

12. MAIDEN NAME OF MOTHER **Mary Hoffman**

(Address) **3801 Osborn**

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

*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.

14. INFORMANT **Frank J. Bily**
(Address) **2817 Minnesota Ave**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
S. J. Peter Paul Feb 1 - 1930

15. FILED **1930** REGISTRAR **W. O. Starker**

20. UMBERTAKER **Thos Kutis** ADDRESS **2906 E. Green St.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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