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

Do not use this space.

791
1003

14463

File No.
Registered No. 3807

1. PLACE OF DEATH

County
Township
Registration District No.
Primary Registration District No.
City St. Louis (No. 938 9 Hodiamont Av St. Ward)

2. FULL NAME Carrie Cade

(a) Residence. No. 938 A Hodiamont St., 5 Ward (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER George Winfrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) La.
12. MAIDEN NAME OF MOTHER Elizabeth McClang
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) La.

14. INFORMANT Aninias Cade
(Address) 938 A Hodiamont Av

15. FILED Apr 14 1930 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-21-30, 19..., to 4-10, 1930, that I last saw him alive on 4-10-30, 19..., and that death occurred, on the date stated above, at 2 15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Uterus
49

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) 46

(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Bradley M. D.
, 19 (Address) 914 N Sarah St

*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 Greenwood Cem
DATE OF BURIAL April 20 1930

20. UNDERTAKER W. C. Gordon Und. Co
ADDRESS 2649 Morgan 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.