

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

Do not fill in this space.

20664  
20662

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. No. 1207 Grattan St.

File No.....  
Registered No. 5445  
.....St. .... Ward)

**2. FULL NAME**

Mamie Dooling  
(a) Residence No. 1207 Grattan St., 12 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**

3. SEX <u>female</u>	4. COLOR, OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Dooling</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 9 - 1877</u>				
7. AGE	YEARS <u>52</u>	MONTHS <u>5</u>	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) Missouri

PARENTS	10. NAME OF FATHER <u>John Barth</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>
	12. MAIDEN NAME OF MOTHER <u>Catherine Bruch</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>

14. INFORMANT Mr. John Dooling  
(Address) 1207 Grattan

15. FILED May 1930 REGISTRAR W. C. Barker

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1930

17. I HEREBY CERTIFY, That I attended deceased from July 16 - 1929, to July 19 1930, that I last saw him alive on July 12 1930, and that death occurred, on the date stated above, at 8:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of uterus

(duration) 1 yrs. 6 mos. .... ds.

CONTRIBUTORY None  
(SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ..  
DID AN OPERATION PRECEDE DEATH? yes DATE OF March, 1929  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Physiognomical Exam  
(Signed) J. J. K. Brown M.D.  
, 19 (Address) 1117 N. Union

\*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  
New St. Marcus Cem June 4 1930

20. UNDERTAKER ADDRESS  
E. J. Schmur 3125 Lafayette

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.

