

**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. 791
1008

File No. 28101

Township.....

Primary Registration District No.

Registered No. 1939

City St. Louis (No. Avalon Hotel - Taylor + Pershing Ward)

2. FULL NAME

(a) Residence. No. Avalon Hotel - R. 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

MEDICAL CERTIFICATE OF DEATH

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

John Sidney Rose

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

Aug 14 - 1887

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>42</u>	<u>11</u>	<u>23</u>	

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)

Columbus Kentucky

10. NAME OF FATHER

Lindsey Stout

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

Corinth Miss

12. MAIDEN NAME OF MOTHER

Mattie Gallowater

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

Corinth Miss

14. INFORMANT (Address)

John Sidney Rose Avalon Hotel Taylor + Pershing

15. AUG 9 1930 FILED

Max C. Brinkley
REGISTRAR

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

Aug 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1930 to Aug 7, 1930 that I last saw her alive on Aug 7, 1930, and that death occurred, on the date stated above, at about 9:15 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinomatous Carcinoma of Thyroid Gland

5-30 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

St. Louis, Mo.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab. + X-ray

(Signed) Aug. A. Werner M. D.

8/8, 1930 (Address) Mo. Bldg

*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

Valhalla Cemetery Aug 11 1930
20. UNDERTAKER C. R. Lupton
ADDRESS #4629 1/2 Street

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.

Dr. J. H. ...