

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis

(No. Mo. Pac. Hospital)

File No.

34384

Registered No. **9741**

St. _____ Ward _____

2. FULL NAME

Mrs. Jessie Mae Mauldin

(a) Residence. No. 1529 Lake on E. St. Louis Ave Ward 17 E. St. Louis Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. 4 mos. 4 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

Chas. C. Mauldin

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

Oct. 1, 1885

7. AGE

45

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

—

11

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). Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cuyahoga Ohio

10. NAME OF FATHER

Arthur L. Blowers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Jessie Kuntz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT

Chas. C. Mauldin
(Address) 1529 Lake on E. St. Louis Ave

15.

FILED

OCT 12 1935 Mauldin & Starkeoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10-12 1930

17.

I HEREBY CERTIFY, That I attended deceased from 10-6 1930 to 10-12 1930 that I last saw him alive on 10-12 1930 and that death occurred, on the date stated above, at 110 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Retroperitoneal tumor
Shock — post-operative malignant (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-11-30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation: B.P.

(Signed) R. C. Freeman M. D.

10-12, 1930 (Address) Mo. Pac. Hospital # 20373

*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

Greenwood Cem. E. St. Louis 10-15- 1930

20. UNDERTAKER

H. L. Woodside

ADDRESS

E. St. Louis

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.

2022