

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

Do not use this space.

15687

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2823-18th St**)

File No.....

Registered No. **4127**

St. Ward)

2. FULL NAME

(a) Residence. No. **2823-18th St.** **24** 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 **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 **Joseph Sever**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 18-1887**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	43	7	15	

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) **2823**

(c) Name of employer

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

10. NAME OF FATHER **George Arnold**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Joseph Sever**
(Address) **2823-18th St**

15. FILED **APR -4 1931**
REGISTRAR **J. T. Tarkenton**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 3 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 12**, 19**31**, to **Apr 3**, 19**31** that I last saw her alive on **Mar 28**, 19**31**, and that death occurred, on the date stated above, at **7:02 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS: **7-A**

Cancer of the uterus
48 (duration) **2** yrs. **-** mos. **-** ds.

CONTRIBUTORY (SECONDARY) **48** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **(11)**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Melham Wright**, M. D.

4/3, 1931 (Address) **3325 S. Grand**

*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 **St. Peter Paul** DATE OF BURIAL **Apr 7 1931**

20. UNDERTAKER **Wacker Helderle** ADDRESS **2331 S. Blount**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

