

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

Do not use this space.

21127  
Stan A. ...  
File No. 441  
Registered No. ...  
St. ... Ward ...

**1. PLACE OF DEATH**

County St. Louis Registration District No. 318  
Township North No. 40 & Monroe Primary Registration District No. 2001  
City St. Louis (No. ...) St. ... Ward ...

**2. FULL NAME**

(a) Residence, No. 440 E. Monroe SE Ward. ...

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. (If nonresident, give city or town and State)

**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 James E. Hadall  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1876  
7. AGE YEARS 54 MONTHS 10 DAYS 18 If LESS than 1 day, ... hrs. or ... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1931  
22. I HEREBY CERTIFY That I attended deceased from Aug 1, 1928 to July 7, 1931  
I last saw her alive on July 31, 1931 Death is said to have occurred on the date stated above, at 1354 m June 9-1931  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of breast  
Date of onset 1930  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
13. NAME James E. Hadall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis  
15. MAIDEN NAME James Crenshaw  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
17. INFORMANT (ADDRESS) James E. Hadall  
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) St. Louis  
19. UNDERTAKER (ADDRESS) St. Louis  
20. FILED 6-9-31 1931 Stan A. ... Registrar.

Name of operation radical mastectomy Date of operation, 1930  
What test confirmed diagnosis? Clinical Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ... Date of injury ...  
Where did injury occur? ... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury ...  
Nature of injury ...  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify (Signed) Stan A. ... M. D.  
(Address) 432 Medical Arts

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.

JUL 24 1931

443

