

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

Do not use this space.

39035

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **St. Johns Hospital**) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3828 Westminster St.** Ward. **19** (If nonresident, give city or town and State)
 (Usual place of abode)

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 **Sherman Mc Bride**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14 1871**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 3 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

MOTHER FATHER
 13. NAME **unknown Casey**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER FATHER
 15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Sherman Mc Bride**
 (ADDRESS) **3828 Westminster Pl**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary Cemetery** DATE **Nov. 7 1931**

19. UNDERTAKER **Arthur J. Ornelly and Co**
 (ADDRESS) **2039 Maple St**

20. FILED **157-10153**
W. C. Harvey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7th 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 31st 1931** to **Nov. 4th 1931**
 I last saw her alive on **Nov 4th 1931**. Death is said to have occurred on the date stated above, at **4:35 P. m.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon
46C
930 of 60
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Admission** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? _____
 If so, specify **Alphonse Mc Baker**, M. D.
 (Signed) _____ (Address) **806 Mr. Bldg.**

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.

Dr. A. P. McMahon

No. Theatre Bldg.

11:30^{am} - 12^{am}