

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

Do not use this space.

2957

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 11023

City St. Louis, Mo. (No. City - Kingsdale)

File No. 680
Registered No.
St. Ward)

2. FULL NAME

Mrs. Effie Mehler
(a) Residence, No. 11029^a Emmett St., 23 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 Mr. Albert Mehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 14

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. 2355

10. Date deceased last worked at this occupation (month and year) FEB-1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CLAIR, MO.

13. NAME GEORGE HARMS.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CLAIR

15. MAIDEN NAME DO NOT KNOW.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DO NOT KNOW, 31

17. INFORMANT ALBERT MEHLER
(ADDRESS) 1079^a Emmett

18. BURIAL, CREMATION, OR REMOVAL PLACE OUTFELLOWS CEM DATE 1-23 1932

19. UNDERTAKER WILLIAM CRSEY
(ADDRESS) ST. CLAIR

20. FILED JAN 21 1932 Wm C Stanley
19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 12¹⁰ AN 1-20-1932 to 4:10 PM 1-20-1932

I last saw h. or alive on 1-26 1932 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

1) Carcinoma of the uterus with generalized metastases to other abdominal organs.

Other contributory causes of importance:
2) Chr myocarditis
3) Chr hydromphrosi

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidal? 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 1

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Macnich, M. D.
(Address) 1079^a Emmett St. Louis

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.

