

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

Do not use this space.

9942

1. PLACE OF DEATH

96 County St. Louis Mo
Township Central
City _____

Registration District No. 789
Primary Registration District No. 6033B
(No. 8924, Burton Ave)

File No. _____
Registered No. 101
St. _____ Ward)

2. FULL NAME

Jessie Lariche
(a) Residence, No. 8924 Burton Ave, _____ Ward.
(Usual place of abode) (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Ills. 2

MOTHER / FATHER 13. NAME Jul. Mafonier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Edis Lariche
(ADDRESS) 8924 Burton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Mar 31 1932

19. UNDERTAKER H. J. Leidner
(ADDRESS) 1417 St. Market St

20. FILED 3/31 1932 Qella Gray M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to March 29, 1932

I last saw her alive on March 28, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Carcinoma of Left Axilla Date of onset 3 years ago

Other contributory causes of importance: metastasis to left lung (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 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? no
If so, specify _____

(Signed) Arnold H. Warrner, M. D.
(Address) 8900 St. Chad Rd.

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.

APR 29 1932

