

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

Do not use this space.

10558

**1. PLACE OF DEATH**

County ..... Registration District No. <sup>178</sup> .....  
Township ..... Primary Registration District No. <sup>2002</sup> .....  
City <sup>St. Louis</sup> (No. <sup>City Hospital</sup>)

File No. ....  
Registered No. <sup>2622</sup> .....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. <sup>2323 no. 9th St.</sup> ..... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred <sup>20</sup> 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*  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 3 - 1888*  
7. AGE YEARS *43* MONTHS *9* DAYS *14* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *shoe worker*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *46 B*  
10. Date deceased last worked at this occupation (month and year) *46 B*  
11. Total time (years) spent in this occupation *46 B*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Randolph Mo*

MOTHER 13. NAME *James Polk Smith*

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

15. MAIDEN NAME *Melvina Roberts*

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

17. INFORMANT (ADDRESS) *Hospital Informant*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *3 - 19 - 1932*

19. UNDERTAKER (ADDRESS) *Stroop & Carroll 4600 Hall Bridge*

20. FILED *47 18 15 1932* *Mar. C. Stankov* Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 17, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 16, 1932, to March 17, 1932*  
I last saw her alive on *March 17, 1932* Death is said to have occurred on the date stated above, at *1.00 PM*  
The principal cause of death and related causes of importance were as follows:

*Adeno carcinoma of stomach  
Metastases to liver  
Other contributory causes of importance: *46 B**

Name of operation *Gastric Carcinoma* Date of *5/2/32*  
What test confirmed diagnosis? *Microscopic* Was there an autopsy? *yes*

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 *gastric carcinoma*

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

(Signed) *W. H. Miller* M. D.  
(Address) *City Hospital*

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.

Wood