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.

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

Do not use this space.

14463

1. PLACE OF DEATH

County ..... Registration District No. ~~1002~~ 791

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

City St.Louis,Mo. (No. St.Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 3827

2. FULL NAME Miss Lucy O'Fallon

(a) Residence, No. Hamilton Hotel St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr.4,1878

7. AGE YEARS	MONTHS	DAYS,	If LESS than 1 day, ... hrs. or ..... min.
54	--	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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,Mo.

FATHER

13. NAME Edward O'Fallon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Lucy Hannenkamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdine,Miss.

17. INFORMANT (ADDRESS) Annie E.Lewis 530 N.Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE Apr.20,1932

19. UNDERTAKER (ADDRESS) Alexander & Son 1675 Hollywood Court

20. FILED APR 19 1932 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931, to April 18, 1932

I last saw her alive on April 18, 1932. Death is said to have occurred on the date stated above, at 9.55 p.m.

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

	Date of onset
Carcinoma of breast with generalized metastases.	
50	

Other contributory causes of importance:

Name of operation Resection of rib Date of 4/9/32

What test confirmed diagnosis? Microscopic 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) Ellis Fischel, M. D.

(Address) 400 Metropolitan Bldg.