

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

Do not use this space.

14468

1. PLACE OF DEATH

County..... Registration District No. 1002

Township..... Primary Registration District No.

City St. Louis (No. 1034) City Hospital St. Ward)

File No.

Registered No. 3833

2. FULL NAME

(a) Residence, No. 2631 Sherman Ward 23 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 6 9

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. home
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.

MOTHER FATHER 13. NAME Henry Oberhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Amelia Deckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 4-20-32

19. UNDERTAKER (ADDRESS) With Bros. L & H Co.

20. FILED APR 19 1932 Miss [Signature] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17th, 1932 to April 18th, 1932

I last saw him alive on April 18th, 1932 Death is said

to have occurred on the date stated above, at 2:23 P.M.

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

Carcinoma of Rectum & Cervix
Primary seat in Cervix
Other contributory causes of importance:
Chronic Hypertension

Date of onset
April 17th 1932

Name of operation None Date of Apr 18
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, Apr 18, 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 Food factory

(Signed) [Signature] 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.

Houlcault