

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.

24694

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 100 Paul Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. ....  
 Registered No. 6839

**2. FULL NAME**

Mary Beauvais  
 (a) Residence, No. 5611/2 Cabanne St. 5 Ward. \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1867

7. AGE YEARS 65 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 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) Mo \_\_\_\_\_

FATHER 13. NAME Peter Beauvais

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Julia E. Killman (ADDRESS) 5611/2 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabanne DATE July 25 1932

19. UNDERTAKER Arthur J. Romo, 2209 1/2 W. 23rd St. (ADDRESS) \_\_\_\_\_

20. FILED JUL 23 1932 19 \_\_\_\_\_ Registrar \_\_\_\_\_

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to July 21 1932  
 Last saw him/her alive on July 21 1932. Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach (general adenocarcinoma) metastasis  
 Date of onset Jan 1932

Other contributory causes of importance: 4630  
ALB 53E

Name of operation Gastrectomy Date of 7/21/32  
 What test confirmed diagnosis? operation 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) C. P. D. [Signature] M. D.  
 (Address) 2209 1/2 W. 23rd St.

