

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

Do not use this space.

30803

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. (No. 3866 A) Shenandoah

File No.....  
Registered No. 8512  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3866 A Shenandoah St., 17 Ward.

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Ronan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown/880</u>		
7. AGE YEARS <u>abt. 52</u>	MONTHS <u>—</u>	DAYS <u>—</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>" 235</u>
	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 Missouri 1

FATHER 13. NAME John M. Kress

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

MOTHER 15. MAIDEN NAME Mary Dwyer

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

17. INFORMANT Mr. George Kress  
(ADDRESS) One 1st St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept 23 1932

19. UNDERTAKER (ADDRESS)  
Ed J. Schuyler  
3125 Lafayette Ave.

20. FILED SEP 22 1932  
Stanley  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/1/30 1930, to 9/20/32 1932

I last saw him alive on 9/17 1932. Death is said

to have occurred on the date stated above, at 9:40 p.m.

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

Cancer of uterus the primary seat  
48  
530  
48  
Date of onset 8/1/30

Other contributory causes of importance:

Cancer of Bladder 6/1/32

Name of operation Radium Date of 12/2/30

What test confirmed diagnosis? M. S. S. S. Was there an autopsy? 2nd

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? In  
If so, specify.....

(Signed) John M. H. Deane M. D.  
(Address) 816 Michigan St. St. Louis

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.

