

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

Do not use this space.

33704

1. PLACE OF DEATH

County..... Registration District No. 22
Township..... Primary Registration District No. 253
City St. Louis No. Christian Hospital

File No.....
Registered No. 8996 St. Ward)

2. FULL NAME

(a) Residence, No. 9 St., Bentonville Arkansas Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>23</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>At Home</u>	11. Total time (years) spent in this occupation.....
	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).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u> <u>2</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. T. R. Angus</u> (ADDRESS) <u>5210 Washington Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>Oct. 11</u> 19 <u>32</u>		
19. UNDERTAKER <u>Shepard Funeral Home</u> (ADDRESS) <u>1167-64 Hamilton Ave</u>		
20. FILED <u>Oct 10 1932</u> 19 <u>Mar. C. Storkloff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1932, to Oct 8 1932

I last saw h. w. alive on Oct 8 1932 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Ovaris Bilateral or two months prior

Other contributory causes of importance:
Presenting, secondary

Name of operation as above Date of Oct 8

What test confirmed diagnosis? biopsy 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.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Chas. J. Mellis, M. D.
(Address) 2743 W. Grand Av

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.

