

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

Do not use this space.

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33747

**1. PLACE OF DEATH**

County..... Registration District No. 1001  
Township..... Primary Registration District No. 1002  
City St. Louis (No. St. Lukes) Precinct 1002

File No. ....  
Registered No. 9041  
St. .... Ward

**2. FULL NAME**

Julia Morton Uphaw  
(a) Residence, No. 1201 Girard Ave., 12 Ward.  
(Usual place of abode)

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>2</u>
	DAYS <u>14</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>	
	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) <u>Suffolk, Virginia</u>		
FATHER	13. NAME <u>Thomas E. Uphaw</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caroline Co. Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary D. Fields</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Suffolk, Virginia</u>	
17. INFORMANT <u>J. E. Uphaw Jr</u> (ADDRESS) <u>5235 Thurston St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Oct 12, 1932</u>		
19. UNDERTAKER <u>Wagoner and Co</u> (ADDRESS) <u>13621 Olive St</u>		
20. FILED <u>Oct 12 1932</u> <u>Max C. Stackoff</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1930, to Oct 9, 1932

I last saw her alive on Oct 8, 1932 Death is said to have occurred on the date stated above, at 3 P. m.

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

Date of onset 1930

Other contributory causes of importance:  
Myocarditis - Chronic  
Operated 9/20/32

Name of operation Excision of breast Date of .....

What test confirmed diagnosis? metastasis 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) M. B. Bloom M. D.  
(Address) 3720 Washington Ave

WRITE FAIRLY, WITH UNFADING INK---THIS IS 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.

