

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

Do not use this space.

34037

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital)

File No.
Registered No. **9387**
St. Ward)

11268
2. FULL NAME Henrietta Copley
(a) Residence, No. 4917 Beacon Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 5 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) widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton C. Copley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1874

7. AGE YEARS 58 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Henry Cady

14. BIRTHPLACE (CITY OR TOWN) Wayne County (STATE OR COUNTRY) New York

15. MAIDEN NAME Rebecca Morrison

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

17. INFORMANT (ADDRESS) Hospital information
City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Ill. DATE Oct 24 1932

19. UNDERTAKER Geo. L. Deutsch, Inc (ADDRESS) 1000 Jackson Ave.

20. FILED OCT 22 1932 Max C. Starkey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Oct. 2nd 1932 to Oct. 21st 1932
I last saw her alive on Oct. 21st 1932 Death is said to have occurred on the date stated above, at 12.15 P.M.

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

0468
Carcinoma of uterum
1390
1333 04610
Other contributory causes of importance:
non Metastatic
Cysts of left kidney
Prostate of uterus

Name of operation None Date of
What test confirmed diagnosis? Autopsy 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? No.
If so, specify

(Signed) Maurice A. Bell M. D.
(Address) City Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

