

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

Do not use this space.

✓ 34221  
File No. \_\_\_\_\_  
Registered No. **9579**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **107153**  
City **St. Louis** (No. **City Hospital**)

# **8752**

**2. FULL NAME**

(a) Residence, No. **2343 Park St. 23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <i>female</i>	<b>4. COLOR OR RACE</b> <i>white</i>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <i>Divorced</i>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <i>Nov. 11 - 1901</i>		
<b>7. AGE</b>	<b>YEARS</b> <i>30</i>	<b>MONTHS</b> <i>11</i>
	<b>DAYS</b> <i>17</i>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <i>Housework</i>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <i>2353</i>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	<b>11. Total time (years) spent in this occupation</b> <i>5 3/4</i>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Centerville, Iowa</i>		
<b>MOTHER</b>	<b>13. NAME</b> <i>Wm. Childress</i>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Missouri</i>	
	<b>15. MAIDEN NAME</b> <i>Rose Cupples</i>	
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Iowa</i>		
<b>17. INFORMANT (ADDRESS)</b> <i>Hospital information City Hospital</i>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <i>St. Matthews</i> DATE <i>Oct 31 1932</i>		
<b>19. UNDERTAKER (ADDRESS)</b> <i>W. Malugin 1632 Princeton Ave</i>		
<b>20. FILED</b> <i>Oct 28 1932</i>		

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Oct. 28th 1932*

**22. I HEREBY CERTIFY**, That I attended deceased from *Oct 28th 1932* to *Oct. 28th 1932*  
I last saw her alive on *Oct. 28th 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:  
*Carcinoma of urinary bladder - urethra*  
*Primary seat Urinary Bladder*  
Other contributory causes of importance:  
*Polycystic kidneys* ①

Name of operation \_\_\_\_\_ 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?**  
If so, specify \_\_\_\_\_  
(Signed) *Jerry Dunt* 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.

MISSOURI STATE BOARD OF HEALTH

Registrar

