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.

JAN 5 1933

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

Do not use this space.

36973

File No.

Registered No. 301

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789

Township ~~Wellston~~ Central Primary Registration District No. 6033 B

City ~~St. Louis~~ (No. 2135 Kienlen av St. Ward)

2. FULL NAME Rosa Espy

(a) Residence, No. 2135 Kienlen St., 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 Female

4. COLOR OR RACE White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Espy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20-1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 41

10. Date deceased last worked at this occupation (month and year) 535

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER

13. NAME Herman Keller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Thomas Espy 2135 Kienlen av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Ann's Cemetery DATE Nov 11 1932

Normandy Mo.

19. UNDERTAKER (ADDRESS) Mrs. E. J. Schnur 3125 Lafayette Ave

20. FILED 11/9/ 1932 Nolla Bray M.D. Registrar. 11/8-32

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 15th, 1932, to Nov 8th, 1932

I last saw her alive on Nov 6th, 1932 Death is said to have occurred on the date stated above, at 1 A.M.

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

Carcinoma of Right Breast with General Metastasis to Mediastinum, Liver, and Spinal Cord

Date of onset: Had lasted about 8 months at time of operation

Other contributory causes of importance: General Metastasis of Carcinoma of Scirrhus type

Name of operation Radical Breast (Right) Clinic Date of 3/16-32

What test confirmed diagnosis? Microscopic 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? —

If so, specify

(Signed) George W. Flynn, M. D.

(Address) 831-33 Missouri Bldg.