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.

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

Do not use this space.

37039

1. PLACE OF DEATH

96 County St. Louis County, M Registration District No. 1123

Township Luxemburg Carondelet Primary Registration District No. 6248 A

City (No. 333 Lemay Ferry Rd., St. Ward)

File No.

Registered No. 376

2. FULL NAME Florence Ferdina

(a) Residence, No. 333 Lemay Ferry Rd., St., Ward. St. Louis, County
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Ferdina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	10	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 235

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

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) St. Louis, Missouri. 1

FATHER

13. NAME Dallas Neff

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

MOTHER

15. MAIDEN NAME Julia Kelly

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

17. INFORMANT (ADDRESS) Adolph Ferdina 333 Lemay Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial DATE Nov. 19, 1932

19. UNDERTAKER (ADDRESS) Southern Und Co 6320 So Grand

20. FILED Nov. 17, 1932 L. C. Obrock M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932, to Nov. 10, 1932

I last saw her alive on Nov. 10, 1932 Death is said to have occurred on the date stated above, at 9 p. m.

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

Carcinoma Cervix Uteri

48

535 48

Date of onset

Other contributory causes of importance:

Abdominal Metastases

Name of operation Date of

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? No

If so, specify

(Signed) Ellis Fischel, M. D.

(Address) 400 Metropolitan Bldg