

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

Do not use this space.

42233

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 101183  
 City..... St. Louis (No. 3222 S Broadway) St. .... Ward)

File No. ....  
 Registered No. 11363

**2. FULL NAME**

(a) Residence, No. 2222 S Broadway St. 23 Ward.  
 (Usual place of abode)  
 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. (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 Widow  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Gall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
75 | 8 | 7

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. 5

10. Date deceased last worked at this occupation (month and year) 5 11. Total time (years) spent in this occupation 5

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ma Bertha Keimble

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Dec 22 38

19. UNDERTAKER (ADDRESS) Wacker, Helderle

20. FILED EC 21 1932 19 Max E. Smith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 32

22. I HEREBY CERTIFY, That I attended deceased from 1931 to 12 20, 1932

I last saw her alive on 12 19 32, 19..... Death is said to have occurred on the date stated above, at 2 45 p.m.

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

Metastatic Carcinoma  
following Carcinoma of breast 1931  
Pathologic fracture R. humerus  
Nov 1932 from lifting up a bed  
3 Mattress accident

Other contributory causes of importance: Diabetes 1922

Name of operation 50 non Date of.....

What test confirmed diagnosis? Kab & Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) J. E. Green, M. D.  
 (Address) 20012 Broadway

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.

