

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

Do not use this space.

11574

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 5033

City St. Louis, Mo. (No. City Hospital #2)

File No. ....

Registered No. 2650

St. .... Ward)

**2. FULL NAME** Addie Flakes

(a) Residence, No. 3323 Pine St., 21 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 Cole 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
38 | 1 | 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook  
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) Missouri

FATHER 13. NAME Adam Edwards

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

MOTHER 15. MAIDEN NAME Josephine Triplett

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

17. INFORMANT (ADDRESS) A. L. Beal and Co. City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE March 20, 1933

19. UNDERTAKER (ADDRESS) A. L. Beal and Co. 2726 Locust St. St. Louis, Mo.

20. FILED MAR 20 1933 W. J. Starbuck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1933 to 3-15-1933

I last saw h. W alive on 3-15-1933 at 9 a.m. Death is said to have occurred on the date stated above, at 9 a.m.

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

50 Date of onset

Cancer of Breast (malignant)  
Other contributory causes of importance:  
50

Name of operation mammectomy Date of 5-8-33  
What test confirmed diagnosis? Ch. Lab. Was there an autopsy? 2d.

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) Wm. C. Hampton, M. D.  
(Address) City Hospital #2

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.

