

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

Do not use this space.

14555

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **Barnes Hosp.**) St. _____ Ward _____

File No. _____
 Registered No. **3913**
 St. _____ Ward _____

2. FULL NAME Zoe Bossallev

(a) Residence, No. 4604 Shenandoah St., 17 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 Charles L.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1881
 7. AGE YEARS 51 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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
 13. NAME Joseph Carty
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Sarah Chance
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Charles L. Bossallev
4604 Shenandoah
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Leon DATE May 2 1933
 19. UNDERTAKER (ADDRESS) St. Bernard
3709 St. Bernard
 20. FILED MAY - 1 1933 7 Bledik Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31- 1933, to 4-30- 1933
 I last saw her alive on 4-30- 1933. Death is said to have occurred on the date stated above, at 4:12 m.

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

Carcinoma of breast
Carcinoma of liver
Carcinoma of lung
 Date of onset _____
750
 Other contributory causes of importance:
Carcinoma of breast
Primary seat

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Benjamin Sina M. D.
 (Address) BARNES HOSPITAL

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERSISTENT 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.

