

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

Do not use this space.

18021

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 104 R  
City St. Louis (No. 4367<sup>a</sup>, Cook)

File No. ....  
Registered No. 4220  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4367<sup>a</sup> Cook St., 11 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11, 1898</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>2</u>
	DAYS <u>28</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to May 9, 1933

I last saw h<sup>e</sup> alive on April 4, 1933. Death is said to have occurred on the date stated above, at 3 A m.

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

Carcinoma of both breasts  
50  
Date of onset 1/29

Other contributory causes of importance 50

Name of operation Removal of 1 breast Date of 1933

What test confirmed diagnosis? clinical 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 Vincent J. Murella, M. D.  
(Signed) Vincent J. Murella, M. D.  
(Address) 2335 Franklin

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Allen Harris

14. BIRTHPLACE (CITY OR TOWN) no (STATE OR COUNTRY)

15. MAIDEN NAME Sophie Smith

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

17. INFORMANT Sophie Bailey (ADDRESS) 4367<sup>a</sup> Cook

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE 5-11-33

19. UNDERTAKER A. J. Dudley Walton (ADDRESS) 3707 Franklin

20. FILED May 12, 1933 1933  
X + Debeck Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

235

840