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

Do not use this space.

18115

File No.

Registered No. 4319

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. City Hospital #1 St. Ward)

Registration District No. 791

Primary Registration District No. 3003

2. FULL NAME Gladys L. Thee

(a) Residence, No. 3336 Wisconsin St., 24 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	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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	5	14	

OCCUPATION

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

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

FATHER

13. NAME Lafe Phillips

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

MOTHER

15. MAIDEN NAME Mattie Williams

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

17. INFORMANT Ray A. Thee
(ADDRESS) 3336 Wisconsin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Labadie Mo. DATE May 17th 1933

19. UNDERTAKER Siegenbein Bros.
(ADDRESS) 3626 S. Jefferson St.

20. FILED May 17 1933 F. F. Hedlek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1933, to May 14th 1933

I last saw her alive on May 13 1933. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

	Date of onset
54B Secondary Anemia due to Hemorrhagia	5/9/33
110B	

Other contributory causes of importance:

54B

Fibroid Uterus (Myomatous Mass) 4yrs.

Name of operation Date of

What test confirmed diagnosis? 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) Hal Lapper, M.D.
(Address) 3801 S. Broadway

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.

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