

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

Do not use this space.

18470

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo. No. Missouri Baptist Hospital (Ward)

File No.
Registered No. 4730

2. FULL NAME

(a) Residence, No. 4727 Page Ave St. 6 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 59

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

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) Unknown

13. NAME Unknown MAUCK

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Faulk
(ADDRESS) 100 North 2nd Bldg.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE May 30 1933

19. UNDERTAKER E. J. Schmur
(ADDRESS) 372 1/2 Lafayette Ave.

20. FILED J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to May 26, 1933

I last saw her alive on May 26, 1933. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Carcinoma of stomach

Other contributory causes of importance: General abdominal carcinomatosis (metastatic)

Name of operation None 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) Roland Shepperd, M. D.

(Address) 4500 Olive

Date of onset
Unknown

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

