

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

Do not use this space.

24629

1. PLACE OF DEATH

County..... Registration District No. 101
Township..... Primary Registration District No. 101
City St. Louis (No. City Hospital)

File No.....
Registered No. 6024 St. Ward)

2. FULL NAME

(a) Residence, No. 3725 Passy St. N Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 4 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Peny Co. Mo.

13. NAME Theodore Picon

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

15. MAIDEN NAME Mary De Lassus

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

17. INFORMANT (ADDRESS) Hospital, 1011 1/2 St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve DATE 7-12-33

19. UNDERTAKER (ADDRESS) Basley and Co. St. Genevieve Mo.

20. FILED 11 11 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 7-1, 1933, to 7-9, 1933

I last saw her alive on 7-9, 1933 Death is said

to have occurred on the date stated above, at 4 p.m.

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

Carcinoma of Stomach
463
Other contributory causes of importance: 463

Name of operation..... Date of.....

What test confirmed diagnosis? Uter. Path. 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? No
If so, specify.....

(Signed) J. M. Coleman, M. D.
(Address) City Hospital

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.

RECORD THIS IS A PERMANENT RECORD

