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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24955

Township ..... Primary Registration District No. [illegible] Registered No. 6372

City St. Louis Mo. (No. 5333 Murdoch Ave. St. ..... Ward)

2. FULL NAME Florence R. Sheene

(a) Residence, No. 5333 Murdoch Ave. St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) April 22 - 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	3	0	

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) Wilton Maine

FATHER

13. NAME Isaac Welch

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

MOTHER

15. MAIDEN NAME Addie M. Chandler

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

17. INFORMANT (ADDRESS) George R. Sheene 5333 Murdoch Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilton Maine DATE July 25 - 1933

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 2623 Cherokee St.

20. FILED ..... 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 - 1933.

22. I HEREBY CERTIFY, That I attended deceased from 7/16, 1932, to 7/22, 1933

I last saw her alive on 7/22, 1933. Death is said to have occurred on the date stated above, at 10:00 A.

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

	Date of onset
Adenocystoma of both ovaries	7/16/32
Malignant	
49A	
99A	

49

Other contributory causes of importance: Cerebral Hemorrhage 7/17/33

Name of operation Laparotomy Date of 1/10/33

What test confirmed diagnosis? Laboratory & 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 .....
(Signed) E. H. Edwards, M. D.
(Address) 4216 Shaw Blvd

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.

AUG 26 1933

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