

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.

JAN 26 1934

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

Do not use this space.
42198

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo* (No.)

Registration District No. **791**
Primary Registration District No. **1003**
(No. *4253 e Council Ave*)

File No.....
Registered No. **11273**
St. Ward)

2. FULL NAME

(a) Residence, No. St. **17** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Eugene Christ</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 20 1880</i>		
7. AGE	YEARS <i>53</i>	MONTHS <i>9</i>
		DAYS <i>9</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i>	
	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) <i>St. Louis Mo</i>		
FATHER	13. NAME <i>Eugene Holtz</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Eugene Christ 4253 e Council Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>See Cert Burial Policy DATE Jan 1 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Wm. J. Ober 1925 e Grand Blvd</i>		
20. FILED DEC 31 1933 <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 29 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 2 1933, to Dec 29 1933*

I last saw her alive on *Dec 27 1933*. Death is said to have occurred on the date stated above, at *2:30 a.m.*

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

Carcinoma of Lungs (Metastatic)
49A - 47B

Other contributory causes of importance:
Carcinoma of Ovary Primarily

Name of operation *Rec. Ovary* Date of *9-7-33*

What test confirmed diagnosis? *Sec* 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) *R. D. Albert*, M. D.
(Address) *University Club*

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