

**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**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **6114**, **St. Paul St.**) St. Ward)

File No. **2526**
 Registered No. **109**
 St. Ward)

2. FULL NAME

(a) Residence, No. **6114 St. Paul St.** 8 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 **F** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-31-1877**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day; hrs. or min.
	56	7	1	

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) **Illinois**

13. NAME **Jackson Keff**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Frances Betts**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. Carolina**

17. INFORMANT **Helin Chapman** (ADDRESS) **6114 St. Paul St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Jan 4th 1934**

19. UNDERTAKER **Cronst and Co.** (ADDRESS) **36710 N. Grand Blvd.**

20. FILED **AIN - 1034** 19 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 1st 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 5** 1933, to **Dec. 29** 1933

I last saw him alive on **Dec. 29** 1933. Death is said

to have occurred on the date stated above, at **6:20 p.m.**

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

Sarcoma of Right Ovary and Ovary Primary peritoneal cavity
Bright's Disease

Other contributory causes of importance: **None**

Date of onset **Sept. 5th**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) **Dr. J. H. Sewing** (Address) **15342 W. Florissant**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 27 1934

2351

Dr. Lawrence J. Rogers 8-17-44
5342 W. Flamingo