

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St Louis
 Township Big Blum
 City Ballwin (No.)

Registration District No. 785
 Primary Registration District No. 6031

File No. 6318
 Registered No. 58
 St. Ward)

2. FULL NAME

(a) Residence, No. Ballwin Mo St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles G Byrd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 25

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri
 13. NAME Fredrick Maschmeyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Louise Koch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Lawrence E. Wegman Ballwin Missouri

18. BURIAL, CREMATION, OR REMOVAL Valhalla crematory 2 - 164 1934

19. UNDERTAKER (ADDRESS) C. R. Lupton (son) 444 9th St.

20. FILED 2-16 1934 Grace J. Mah Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1934 to Feb 13 1934
 I last saw h. e. alive on Feb 13 1934 Death is said to have occurred on the date stated above, at 2nd A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Breast. Date of onset

Other contributory causes of importance

W. Benignity
D. malnutrition

Name of operation 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?

If so, specify

(Signed) Henry J. Scott M. D.
 (Address) Ballwin, Mo.

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.

Ballou. Mo