

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

Do not use this space.

6640

791
1003

MAR 24 1934

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis Mo (No. Mo Baptist Hospital) St. Ward) Registered No. 1486

2. FULL NAME

(a) Residence, No. St. N R Ward. East St Louis Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 27-1906</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>5</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saleslady</u>	
	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) <u>1932</u>	11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheeler miss</u>		
MOTHER	13. NAME <u>Wm H. Grisham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheeler miss</u>	
	15. MAIDEN NAME <u>Elizabeth Muse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co Tenn</u>	
17. INFORMANT <u>Claud Traphay</u> (ADDRESS) <u>6 Germont Sta Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St Louis Ill</u> DATE <u>2-13 1934</u>		
19. UNDERTAKER <u>Albert T. Hoppe</u> (ADDRESS) <u>429 N. Euclid Ave.</u>		
20. FILED <u>FEB 11 1934</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Feb 10, 1934
I last saw her alive on Feb 9, 1934. Death is said to have occurred on the date stated above, at 6:20 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma Cervix Date of onset 1932
48
48
Other contributory causes of importance:
Probable radium burn 1932
from treatment

23. Name of operation Hysterectomy Date of 1932
What test confirmed diagnosis? Microscopic 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) RJ Banta, M. D.
(Address) 5427 Delmar

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.

