

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **St. John's Hospital**) File No. **6918**
 Registered No. **1779** St. Ward

2. FULL NAME

(a) Residence, No. **W.R.** Ward. **Flat River, Mo.**
 (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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **A. J. Wallend**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan-8-1869**

7. AGE YEARS **65** MONTHS **1** DAYS **11** IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House work**
 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) **Washington Mo**

13. NAME **W. L. Provencher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington Mo**

15. MAIDEN NAME **Edna Robinson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Eva Blanton**
 (ADDRESS) **Bismark Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Readington Mo** DATE **Feb 27 1934**

19. UNDERTAKER **Albert B. Hopp**
 (ADDRESS) **429 N. 4th St. St. Louis**

20. FILED **J. H. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb-19 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 13th**, 1934, to **Feb. 19**, 1934
 I last saw him alive on **Feb. 19**, 1934. Death is said to have occurred on the date stated above, at **11:30** a.m.

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

Cancer of Ovary; Myocarditis Chronic
Metastasis in lungs, retroperitoneum
499

Other contributory causes of importance
499

Name of operation **Laparotomy** Date of **2-19-34**
 What test confirmed diagnosis? **No Report to date** 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 **none**

(Signed) **W. L. Provencher**, M. D.
 (Address) **St. Louis 3011 Pine St. 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.

WHITE CARBON, WITH UNFADING INK—THIS IS A PERMANENT RECORD

