

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

Do not use this space.

7042

MAR 24 1934

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township **St. Louis** City **St. Louis** Primary Registration District No. **1003**  
City **St. Louis** Hospital

File No. ....  
Registered No. **1921**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **1230 S 7th** St., **27** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 **Edward Leach**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **about 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**about 67** Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None wife**

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) **Indiana**

13. NAME **William Jones**

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

15. MAIDEN NAME **Anna Crawford**

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

17. INFORMANT **Russell W. Leach** (ADDRESS) **1230 S. 7th**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Feb 25 34**

19. UNDERTAKER **H. B. Moyall** (ADDRESS) **1324 Allen St**

20. FILED **Feb 23 1934** **J. W. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 21**, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 6**, 19**34**, to **Feb 21**, 19**34**.

I last saw her alive on **Feb 19**, 19**34**. Death is said to have occurred on the date stated above, at **3:30 p.m.**

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

**Breast Carcinoma**

Date of onset **about Dec 1933**

Other contributory causes of importance:

**Myocardial Stearosis**

Name of operation **None** Date of ..... What test confirmed diagnosis? **Biopsy** 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? **Home** (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) **W. Sainsbury**, M. D. (Address) **3758 Lafayette**

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.

