

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

Do not use this space.

JUN 29 1934

1. PLACE OF DEATH

County Barren Registration District No. 789
 Township Central Primary Registration District No. 6033-B
 City St. Louis (No. 6825 Natural Bridge) St. _____ Ward _____

File No. 21740

Registered No. 165

2. FULL NAME

Bernadine Blanks
 (a) Residence, No. _____ St. _____ Ward. Calumet 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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Blanks</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22-1883</u>			
7. AGE	YEARS <u>51</u>	MONTHS <u>3</u>	DAYS <u>18</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>50</u>		
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>33</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Monroe Mo</u>			
FATHER	13. NAME <u>Barney Mensie</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Gertrude Doubelman</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>August A mensie 6825 Natural Bridge</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moq Mo</u> DATE <u>June 16 1934</u>			
19. UNDERTAKER (ADDRESS) <u>Keethley and Co. 107 1/2 Alton Mo</u>			
20. FILED <u>6-11-34</u> 19 <u>34</u> <u>H. Bachmer</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. m.

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

Carcinoma of breast and pelvis, was surgically cared for in other Institutions when she became totally incurable. Was placed in the Home of Incurables at Normandy

Other contributory causes of importance:
Was confined in this Institution from March 15th 1934 to June 9th 1934. Was in the Missouri University hospital, Columbia, Mo. before ent. Name of operation _____ Date of _____ above. Clinica and lab. _____ Date of _____ above. 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) Julius B. Timon M. D. 6/11/34
 (Address) 3718 Jennings Rd
St. Louis, Mo.

N. B.—Every item of information CAUSE OF DEATH in plain terms, so that it may be understood by the layman.

SECRET
CONFIDENTIAL
D

#2
St. Louis County

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Bernadine Brooks
Who died at _____ on June 9 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: Years 51 Months 3 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 5 Year 0
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Carcinoma breast & pelvis
✓ Sect of carcinoma, Breast

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar: W. Baehner

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaugh M.D.
SC

Reg. Dist. No. 789
Primary Reg. Dist. No. 6033 B

Special Agent.

21740