

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
1003

Township..... Primary Registration District No. **Leaf #1**

City **St. Louis** (No. **Leaf #1**) St. (Ward)

2. FULL NAME

(a) Residence, No. **5764** Ward. **7** (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.

21902

File No.

Registered No. **5644**

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3, 1934**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from **4/23**, 19**34**, to **6/3**, 19**34**.

I last saw her alive on **6/3**, 19**34** Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 21, 1882**

to have occurred on the date stated above, at **6:40** p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **51 6 13**

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

Carcinoma of Uterus Date of onset **4-23-29**

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

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) II. Total time (years) spent in this occupation.

Other contributory causes of importance: **45**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cincinnati Ohio**

Name of operation
What test confirmed diagnosis? **Clinical** Date of **Post-mortem** **9/10**
Was there an autopsy?

13. NAME **Workman**

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

15. MAIDEN NAME **" "**

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

17. INFORMANT (ADDRESS) **Harvey J. ...**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friends** DATE **June 6, 1934**

19. UNDERTAKER (ADDRESS) **W. H. ...**

20. FILED **11-11-34** **6** 19**34** **J. Brebeck** Registrar.

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) **Arthur A. Hines**, M. D. (Address) **1515 Lafayette St.**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

