

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

Do not use this space.

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. 3925 Burgem ave)

Registration District No. 791
Primary Registration District No. 1003

File No. 26979
Registered No. 7213
St. _____ Ward _____

2. FULL NAME

Mary L. Barlow
(a) Residence, No. 3925 Burgem ave St. 1 Ward.

(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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles J. Barlow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30, 1890</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans La.</u>		
MOTHER	13. NAME <u>Henry A. Leike</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana</u>	
	15. MAIDEN NAME <u>Magdalen Beck</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans La.</u>	
17. INFORMANT (ADDRESS) <u>Charles J. Barlow</u> <u>3925 Burgem ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope</u> DATE <u>July 23 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wigshammer Undertakers</u> <u>3200 S. 4th St. St. Louis</u>		
20. FILED <u>22 1934</u> <u>Jos. F. Brodick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1933 to July 20, 1934

I last saw her alive on July 20, 1934 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of right breast.

Other contributory causes of importance:
None known

Name of operation Amputation Date of 1-5-33

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? No
If so, specify _____
(Signed) D. S. Smith, M. D.
(Address) 6006 Virginia Ave

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.

AUG 1 1934

6006 Va.

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