SEP 25 1934

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

Do not use this space.

30665

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 249
City Wellston (No. 1530, Wellston Ave St. Ward)

2. FULL NAME Marie Julia Tapy
(a) Residence, No. 1530 Wellston Ave St., Ward.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry G. Tapy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 29, 1890
7. AGE: YEARS 43, MONTHS 11, DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
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): St Louis, Missouri

FATHER
13. NAME: Joseph Teson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

MOTHER
15. MAIDEN NAME: Mary Jandron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): Mr. Henry G. Tapy 1530 Wellston Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Aug 16, 1934
19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc 5966 Easton Ave.
20. FILED 8-15-, 1934 H A Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 26, 1934, to Aug 13, 1934
I last saw her alive on Aug 13, 1934. Death is said to have occurred on the date stated above, at 10 10 a.m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
50	Cancer	
7 9 A	Right Breast	Feb 1932
11 4 B		
	50	

Other contributory causes of importance: Meningitis + Int Hemorrhage lungs. Aug 9, 1934

Name of operation ..... Date of .....
What test confirmed diagnosis? Bernard St Hook Was there an autopsy?

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) D C Bosserman, M. D.
(Address) 1493 Hodiamont

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 PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 15 1951