

NOV 13 1934

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**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **4242 West Ashland**)

File No. **37648**
Registered No. **10095**
St. Ward)

2. FULL NAME

(a) Residence, No. **4242 West Ashland** 10. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **8** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **(write the word) Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8, 1904**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home**
10. Date deceased last worked at this occupation (month and year) **Aug 1934** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Brunswick Mo.**

13. NAME **Darry Robinson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Brunswick Mo**

15. MAIDEN NAME **Blanche Smith**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Brunswick Mo**

17. INFORMANT (ADDRESS) **Robert Debnou 4242 West Ashland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Brunswick, Mo.** DATE **Oct. 17** 19**34**

19. UNDERTAKER (ADDRESS) **Churkin & Gator 4109 S. Grand Ave**

20. FILED **OCT 17 1934** **Jos. J. Brodeur** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **7-10** 19**34**, to **10/14** 19**34**

I last saw her alive on **10/14** 19**34** Death is said to have occurred on the date stated above, at **8:00 P.M.**

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

Cancer of uterus (adenocarcinoma) Date of onset **7-10-34**

Other contributory causes of importance: **48 49**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **Sgt. Wersnian**, M. D.

(Address) **630 S. King Hwy. W.**

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.

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