

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.

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

Do not use this space.

DEC 13 1934

41173

1. PLACE OF DEATH

County..... Registration District No. *791*
 Township..... Primary Registration District No. *1003*
 City *St. Louis* (In *Christian Hospital*) St. Ward)

File No. *1150*
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. *3939 N. Market* S. *18* 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 *George Belisot*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 20 1886*
 7. AGE YEARS *48* MONTHS *0* DAYS *1* If LESS than 1 day, hrs. min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
 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) *St. Louis Mo.*

MOTHER FATHER 13. NAME *Henry Happinger*

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

MOTHER 15. MAIDEN NAME *Katherine Goodman*

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

17. INFORMANT (ADDRESS) *George Belisot*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *Nov. 24 1934*

19. UNDERTAKER (ADDRESS) *Walth. Hermann, 407 Jay*

20. FILED *W. J. Stredbeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

1 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 21 1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 17 1933* to *Nov 21 1934*

I last saw her alive on *Nov 21 1934*. Death is said to have occurred on the date stated above, at *11:00 a.m.*

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

Cancer of uter. Date of onset *5 yrs.*
48

Other contributory causes of importance:

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?.....

If so, specify

(Signed) *W. J. Stredbeck*, M. D.

(Address) *4203 10th St.*

