

JUN 24 1935

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

Do not use this space.

16552

1. PLACE OF DEATH

County Jackson
Township Wash
City St Paul

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 5 _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3828 E 8th St., Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Goodrich
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1849
7. AGE YEARS 85 MONTHS 6 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) New Jersey

MOTHER 13. NAME Annal Lock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Tony Meisel 3828 East 8th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE W Wash DATE May-18-35

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 418 Brooklyn Ave.

20. FILED May 17, 1935 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935, to May 15, 1935. I last saw her alive on May 15, 1935. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Uterine toxemia acute peritonitis
5/10/35
50

Other contributory causes of importance: Carcinoma of breast

Name of operation None Date of _____
What test confirmed diagnosis? Clinical History 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?
If so, specify Cholera (Signed) Chas L. Geary, M. D.
(Address) 901 Norton

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.

901 Norton
020 nt 4271