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.

JUN 12 1935

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

Do not use this space.

18402

File No.

Registered No. 4756

1. PLACE OF DEATH

County

Township

City St. Louis (No. , St. Ward)

Registration District No. 791

Primary Registration District No. 1003 City Hospital No. 1

A 299

2. FULL NAME Mabel Countz

(a) Residence, No. 6444 Marmaduke Ward. 4
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen Countz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)? Nov 7 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) California

FATHER

13. NAME A. J. McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME do

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do

17. INFORMANT Hospital Information M. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 7/29 1935

19. UNDERTAKER A. Ellis
(ADDRESS) 5 & 4. Delmar

20. FILED MAY 29 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/35, 19, to 5/27/35, 19

I last saw her alive on 5/27/35, 19. Death is said to have occurred on the date stated above, at 100 P

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

	Date of onset
Carcinoma Cervix	
C Metastasis	

Other contributory causes of importance: 48

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) City Hospital No. 1, M. D.

(Address)