WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

791

1003

21383

1. PLACE OF DEATH JUL 12 1935

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5319

City St. Louis (No. 5405 Idaho Ave. St. ..... Ward)

2. FULL NAME Gertrude VanBlaricom

(a) Residence, No. 5405 Idaho Ave. St., 15 Ward. (If nonresident, give city or town and State)
(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.

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: Sheridan VanBlaricom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8th. 1875

7. AGE: YEARS 60 | MONTHS 5 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Wooster Ohio

FATHER

13. NAME: Zac. Harsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Sheridan VanBlaricom 5405 Idaho Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 21 1935

19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Meramec St

20. FILED JUN 20 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to June 18, 1935

I last saw her alive on 6-18-35, 19..... Death is said to have occurred on the date stated above, at 11:25 p.m.

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

Carcinoma of breast involving axilla and glands of throat 50 — Date of onset ?

Other contributory causes of importance:

Had been treated X Ray at St. John's Hosp.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) Geo. W. Bader, M. D.

(Address) 5832 E. Virg.