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.

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

SEP 16 1935

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 27914
Registered No. 6968

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. 2625 N. 9th St. St. Ward)

2. FULL NAME Minnie Urban
(a) Residence, No. 2625 N. 9th St., 26 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 Chas. G. Urban

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20-1894

7. AGE: Years 41 | Months 6 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Boone Iowa

FATHER
13. NAME Carlson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Chas. Urban 2625 N. 9th St
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8/19 1935

19. UNDERTAKER Henry Ledner Und. Co
(ADDRESS) 1417 N. Market

20. FILED AUG 16 1935 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1935, to August 15, 1935
I last saw her alive on Aug 15 1935. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	
Primary Carcinoma of Right Breast	

Other contributory causes of importance:

Name of operation Radical Breast Date of
What test confirmed diagnosis? Path 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? No
If so, specify
(Signed) George A. Carroll, M. D.
(Address) 2504 N. 14th

Dr. Carroll. Xante Bldg