

SEP 26 1935

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

Do not use this space.

28346

1. PLACE OF DEATH

County St. LouisRegistration District No. 1160

Township

Primary Registration District No. 4470City University City No. 7276Cornell Ave

File No.

Registered No. 94

St.

Ward

2. FULL NAME

(a) Residence, No. 7276

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gilbert B. Metz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 18 - 1888</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Ben Mary</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Red Bank New Jersey</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ellen Myers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>	
17. INFORMANT (ADDRESS) <u>Gilbert B. Metz 7276 Cornell Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery Aug 30th 1935</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. Lupton & Sons 4449 Olive Street</u>		
20. FILED <u>Aug. 29, 1935</u> <u>Henr. T. Moeller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935, to Aug 28, 1935.
I last saw her alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of ovaries
Other contributory causes of importance:
Removal of tumor 4 yrs ago
Name of operation Removal of tumor 4 yrs ago Date of
What test confirmed diagnosis? 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) H. F. Bergman, M. D.
(Address) 3720 Washington

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.

3720 Washington

Jeff 6204 - 2-4 P.M.

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