

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.

NOV 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. C. Mo.

Registration District No. 300
Primary Registration District No. 1502
(No. 1220, Penn)

File No. 32776
Registered No. 3255
St. 3-55 Ward

2. FULL NAME

(a) Residence, No. 1220 Penn St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 male 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 Mary Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-18-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 9 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Park Dept
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) Illinois

FATHER 13. NAME Geo Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER 15. MAIDEN NAME Judith Cunningham

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

17. INFORMANT Mr Menerva Bennett
(ADDRESS) 3423 East 7

18. BURIAL, CREMATION, OR REMOVAL PLACE Unmound DATE Oct 18 1935

19. UNDERTAKER A. P. Doehler
(ADDRESS) 1415 East 15

20. FILED 10-17-35 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Mich 29 to Oct 16 1935
I last saw h. m. alive on Oct 12 1935 Death is said

to have occurred on the date stated above, at 12:03 m.
The principal cause of death and related causes of importance were as follows:

Cancer of uterus
45

Other contributory causes of importance:
Metastatic cancer of breasts, throat, etc.

Name of operation Ward exposed Mich 10-35
What test confirmed diagnosis? Ward 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 _____

(Signed) W. Wallbram, M. D.
(Address) St. Louis

