

NOV 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....
#11158

Registration District No. **791**
Primary Registration District No. **1003**

File No. **34318**
Registered No. **8753**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **5483** s. **Mills** Ward **6**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **23** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 5, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
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) **Page Indian**

13. NAME **Mr. Selder**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indian**

15. MAIDEN NAME **Miss Smith**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indian**

17. INFORMANT **Step J. J. Hart** (ADDRESS) **St. Louis City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Harmon Park** DATE **Oct 2** 19**35**

19. UNDERTAKER **J. H. M. Laughlin** (ADDRESS) **3301 Lafayette Ave**

20. FILED **18** 1935 19 **C. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/17** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **10/15**, 19**35**, to **10/17**, 19**35**. I last saw **decd** alive on **10/17**, 19**35**. Death is said to have occurred on the date stated above, at **12:30** m.

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

Pos. carcinoma of uterine fundus, carcinoma of uterine due to hysterectomy for removal of uterus
Other contributory causes of importance: **1/8**
Peritonitis of peritoneum
Carcinoma of uterus

Name of operation **Hysterectomy** Date of operation **10/16/35**
What test confirmed diagnosis? Was there an autopsy? **ye**

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) **C. E. Laughlin**, M. D.
(Address) **City of St. Louis**

RE. GARTINGHOUSE

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.

A
Dorling House