

NOV 9 1935

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

Do not use this space.

34543

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2748 a**, **Armond Pl.**, St. **23** Ward)

2. FULL NAME

(a) Residence, No. **2748 a**, **Armond Pl.**, **23** 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 **Alois Jung**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 29 1885**

7. AGE YEARS **50** MONTHS **1** DAYS **27** If LESS than 1 day, hrs. or min.

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

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) **St. Louis Mo.**13. NAME **Chas. Wills**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Mary Weil**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Alois Jung 2748 a Armond Pl.**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **Oct 29**, 19**35**19. UNDERTAKER (ADDRESS) **Thos. Luitis 2906 Gravois av.**20. FILED **27** 19**35** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 25**, 19**35**22. I HEREBY CERTIFY, That I attended deceased from **June**, 19**34**, to **Oct 25**, 19**35**I last saw **her** alive on **Oct 25**, 19**35**. Death is saidto have occurred on the date stated above, at **4:30** p.m.

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

Date of onset

Uterine Carcinoma 19**34**Other contributory causes of importance: **48**Name of operation **none** Date of **consultation**
What test confirmed diagnosis? **Physician's** Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury

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 **no**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **no**(Signed) **J. E. Jones**, M. D.(Address) **2202 So. Broadway**

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. H. C. Bevel

2202 D. Broadway