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.

MAR 12 1936

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

Do not use this space.

7948

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1618

City ..... (No. 5408, So Bdwy. St. ..... Ward)

2. FULL NAME Mrs. Veronica English

(a) Residence, No. ..... St., 15 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14, 1856

7. AGE: Years 78 56; Months 10 mos; Days 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired

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): Herman (Mo)

FATHER

13. NAME: —

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

Unknown

17. INFORMANT (ADDRESS): Gustav Hilmer 5408 So Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St Marcus DATE Febr 13, 1936

19. UNDERTAKER (ADDRESS): Jos. P. Fendler Jr. 7124 Michigan Ave.

20. FILED FEB 13 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to Feb 11, 1935

I last saw h. E.R. alive on February 11, 1936 Death is said to have occurred on the date stated above, at 2 30 A.m.

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

Primary Carcinoma of the lung

Date of onset

Other contributory causes of importance: Chr Myocarditis

Name of operation: None Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? .....

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) Max Starkloff, M. D.

(Address) 512 Dover Pl.