

JUL 27 1936

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

Do not use this space.

24137

1. PLACE OF DEATH

County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033  
City (No. 14 Bellerose Acres) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 182

2. FULL NAME

(a) Residence, No. 14 Bellerose Acres, \_\_\_\_\_ Ward \_\_\_\_\_

(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 <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>John J. Hardesty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10, 1897</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>6</u>
	DAYS <u>9</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>
	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) St. Louis (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Louis Valentine Hetzel

14. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Louise C. Hodde

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) James H. Hetzel

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 22, 1936

19. UNDERTAKER (ADDRESS) Wagon Wheel Co.

20. FILED 6-20 19 36 Ed. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1936

22. I HEREBY CERTIFY That I attended deceased from Oct 15, 1934, to June 19, 1936

I last saw her alive on 6-19-1936 Death is said

to have occurred on the date stated above, at 12:35 m.

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

Carcinoma of Breast

50

Other contributory causes of importance:

Metastatic Carcinoma - general Carcinomatosis

Name of operation Breast ampt Date of Nov 1934

What test confirmed diagnosis? Biopsy. 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) John W. Stewart, M. D.

(Address) Lester Bldg St. Louis

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.

W. H. H. H. H.

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