

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.

AUG 18 1936

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

Do not use this space.

29065

1. PLACE OF DEATH.

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. Lukes Hospital**) St. Ward)

File No.
Registered No. **7839** St. Ward)

2. FULL NAME **Mary Marie Titus**

(a) Residence, No. **1628 N 16th** St. **26** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **7** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 James Titus				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1898				
7. AGE	YEARS 38	MONTHS 5	DAYS 29	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. husf			
	10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana				
FATHER	13. NAME Jack Sutton			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana			
MOTHER	15. MAIDEN NAME Francis Sweeney			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
17. INFORMANT (ADDRESS) James Titus 1628 N, 16th				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE July 27 , 19 36				
19. UNDERTAKER (ADDRESS) D. W. McLaughlin 2301 Lafayette Ave.				
20. FILED 24 19 36 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 8**, 19**36** to **July 23**, 19**36**
I last saw **her** alive on **7-20-36**, 19**36** Death is said to have occurred on the date stated above, at **6:13 A. m.**
The principal cause of death and related causes of importance were as follows:
Metastatic Carcinoma Date of onset **50**
Carcinoma breast left
Other contributory causes of importance:
Radical left breast
Name of operation **Radical left breast** Date of
What test confirmed diagnosis? **Pathology** 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) **E. J. Mastey**, M. D.
(Address) **3720 Washington Ave**

