

SEP 15 1936

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

Do not use this space.

32876

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 6032, S. Kingshighway Bl. St. Ward)

File No.....
Registered No. 8757

2. FULL NAME

Julia Day

(a) Residence, No. 6032 S. Kingshighway Bl. 2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 19 36

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

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to Aug 22, 1936
I last saw her alive on Aug 21, 1936. Death is said to have occurred on the date stated above, at 2:50 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 14

Date of onset

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

Carcinoma of Cervix
Other contributory causes of importance: Mitostase

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) Nashville, Ills

13. NAME Unknown Mamer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Norvell Robbins
(ADDRESS) 6032 S. Kingshighway Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Aug. 24, 19 36

19. UNDERTAKER Wacker-Selderle
(ADDRESS) 2331 S. Broadway

20. FILED AUG 24 1936 J. Bredeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Edw. J. ..., M. D.
(Address) 3803 S. Bdw...

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.

