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.

DEC 3 1936

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

Do not use this space.

339865

File No. 10936

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. St. Johns Hospital St. Ward)

2. FULL NAME Mae E. Remy

(a) Residence, No. 949 Beach Ave. St., 5 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17th, 1888

7. AGE: Years 48 | Months 3 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Henry Ginnett

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

MOTHER

15. MAIDEN NAME: Elizabeth Allen

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

17. INFORMANT (ADDRESS): Naomi M. Crause, 949 Beach Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery DATE Nov. 2nd, 19 36

19. UNDERTAKER (ADDRESS): Drehmann Vanal, 1905 Union Blvd.

20. FILED NOV - 2 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30th, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1926 to Oct 30th, 1936

I last saw her alive on October 30th, 1936 Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Malignant Papillary Cystic Adenoma — Date of onset I did not know

operation for carcinoma of ovaries primary seat

Other contributory causes of importance:

Acute Cardiac Dilatation — 6 hours prior to death.

Salpingo Oophorectomy

Name of operation Dr. Jno. W. Stewart Date of May 9 1936

What test confirmed diagnosis? Biopsy 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? No.

If so, specify

(Signed) C. A. Bovell M.D., M. D.

(Address) 3571 Lucas Ave. St. Louis Mo.

Rev [illegible]
3515 [illegible]

sophei