

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.

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

Do not use this space.

42682

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. 3632 N. Taylor Ave.)

File No.....
Registered No. 11190
St. Ward)

2. FULL NAME

Blanche J. Tittle

(a) Residence, No. 3632 N. Taylor Ave. St., 10 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 <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 (OR) WIFE OF <u>Ruel L. Tittle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29th, 1880</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>7</u>	DAYS <u>10</u>
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov., 8th., 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36, 1936 to 11/8/36, 1936.
I last saw her alive on 11/6, 1936 Death is said to have occurred on the date stated above, at 2 pm
The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus Date of onset 1934

Other contributory causes of importance:
Cardio-nephritis 1908
Acute Myocarditis 11/5/36

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy 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) J. H. Williams, M. D.
(Address) 3532 Washington

12. BIRTHPLACE (CITY OR TOWN) W EST Virginia
(STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ruel L. Tittle
(ADDRESS) 3632 N. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Nov., 11th., 1936

19. UNDERTAKER St. Louis & Carroll Undert.
(ADDRESS) 4600 Natural Bridge Dr.

20. FILED NOV 10 1936
J. H. Williams
Registrar.

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