

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

Do not use this space.

**791
1003**

File No. **3413**
Registered No. **445**

1. PLACE OF DEATH

96
30
9

County.....
Registration District No. **FEB 8 1937**

Township **St. Louis,** Primary Registration District No. **1**

City **14490** (No. **Dorothy McNeal**) City Hospital No. **1**

2. FULL NAME

(a) Residence, No. **1433 Clinton** St., **26** Ward. **1**
(Usual place of abode)

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. (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 **William McNeal**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 21 1899**

7. AGE YEARS **43** MONTHS **08** DAYS **19** IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

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) **St. Louis, Missouri**

13. NAME **J. Robinson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Hosp. Info. M. H. Kent** (ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 13 1937**

19. UNDERTAKER **Wm. J. Omer and Co.** (ADDRESS) **1411 7/2 Market St.**

20. FILED **JAN 12 1937** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/10/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1/5/37**, 19, to **1/10/37**, 19.

I last saw her alive on **1/10/37**, 19. Death is said to have occurred on the date stated above, at **10.50 p.m.**

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

Carcinoma of Bladder, urinary
53B

Other contributory causes of importance: **metastases to Adrenals, Lymph nodes, Cystic Ovary**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? **1**
If so, specify.....
(Signed) **Roy Greenbaum**, M. D.
(Address) **City Hospital No. 1**

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.

