

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

County.....

Registration District No.....

File No..... **3610**

Township.....

Primary Registration District No..... **1003**

Registered No..... **644**

City..... **St. Louis**

(No. **Turner DeLoze Hospital**)

St. Ward)

2. FULL NAME *Marie Jolley*

(a) Residence, No. **302 Ann Ave.** St. **23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 **Ray Jolley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 11, 1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 **9** **2**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **336**
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

13. NAME **George Mochle**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Margaret Gamache**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

17. INFORMANT **Ray Jolley**
(ADDRESS) **302 Ann Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Hope Cem** DATE **Jan 16** 19**37**

19. UNDERTAKER **Wick Bros**
(ADDRESS) **2201 So. Grand St.**

20. FILED **JAN 15 1937** **J. S. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 13,** 19**37**

22. I HEREBY CERTIFY, that I attended deceased from **Oct 10** 19**36**, to **Jan. 13** 19**37**

I last saw her alive on **1/12** 19**37**. Death is said

to have occurred on the date stated above, at **6:25 P. m.**

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

Carcinoma of cervix with extension to bladder and uterus

Date of onset **Unknown**

Other contributory causes of importance:

**Hemorrhage
Secondary infection
Left hydro nephrosis**

Name of operation **Cervical amputation** Date of **10/19/36**

What test confirmed diagnosis? **Biopsy** Was there an autopsy? **yes**

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) **John J. Black**, M. D.

(Address) **1375 So. Grand Ave.**

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.

