

MAR 5 1937

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

Do not use this space.

791
1003

8315
1766

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City ST. LOUIS, Mo. (No. 39) BARNARD SKIN + CANCER HOSP. (Ward) 1

2. FULL NAME

(a) Residence, No. 2715 Belt St. 6 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William L Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-30-07

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwpf.
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) SALISBURY Missouri

13. NAME J. E. Davis

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

15. MAIDEN NAME Queenie Jackson

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

17. INFORMANT (ADDRESS) W. WILLIAM L. HUNT 2715 BELT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE SALISBURY, Mo. DATE 2-10-1937

19. UNDERTAKER (ADDRESS) ALBERT H. HOPPE INC. 429 NO EUGENIA AVE

20. FILED FEB 9 - 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1937 to 2-8 1937
I last saw her alive on 2-8 1937 Death is said to have occurred on the date stated above, at 11:30 Am.
The principal cause of death and related causes of importance were as follows:

Liposarcoma of vulva & metastases Date of onset 1 yr.
Pyelonephritis, bilat. 1 mon
Other contributory causes of importance: Hypertension

Name of operation Date of
What test confirmed diagnosis? Microscopic 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) Pearson C. Kellogg, M. D.
(Address) 3427 - Washington

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.

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