MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8323

Township ..... Primary Registration District No. 1003 Registered No. 1774

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Bessie B. Henry

(a) Residence, No. 5921 Greer Ave. St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jack Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 23, 1876

7. AGE: YEARS 60 MONTHS 11 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Loose-Wiles B. Co.
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 Mo.

FATHER

13. NAME: James Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER

15. MAIDEN NAME: Lucy A. Wilsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Henrietta G. Paul, 4252 W. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Feb. 10, 1937

19. UNDERTAKER (ADDRESS): G. Kron L. Co. 2707 N. Grand

20. FILED FEB 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937, to Feb. 8, 1937

I last saw her alive on Feb 8, 1938. Death is said to have occurred on the date stated above, at 11 a m.

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

Carcinoma of Uterus

Date of onset

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Other contributory causes of importance:
Metastases to peritoneal mediastinal & cervical lymph nodes and lung (rt). Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) H. F. Bergman, M. D.

(Address) 3720 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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