MAR 5 - 1937

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

Do not use this space.

File No. 8411

Registered No. 1552

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 5930 Lalito Ave. St. ..... Ward)

2. FULL NAME Frances Beatrice

(a) Residence, No. 5930 Lalite Ave. St., ... Ward. 7
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5.1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	16	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner & Folder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Garments

10. Date deceased last worked at this occupation (month and year) Jan 10. 1937.

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Pete Beatrice

14. BIRTHPLACE (CITY OR TOWN) Naples (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Mary Copple

16. BIRTHPLACE (CITY OR TOWN) Naples (STATE OR COUNTRY) Italy

17. INFORMANT Mrs. Mary Beatricd (ADDRESS) 5930 Lalite Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb. 13. 1937

19. UNDERTAKER Barnett Nechamus (ADDRESS) 1138 Pine St.

20. FILED ..... 19..... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937, to Feb 11 1937, I last saw her alive on Feb 10 1937. Death is said to have occurred on the date stated above, at 12 04 m.

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

	Date of onset
Acute Lym Phatic Leukemia	Dec '36

Other contributory causes of importance:

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

What test confirmed diagnosis? Colowassm 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) Samuel Ruben M. D.

(Address) 3 W 9 Cliff New York

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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