

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St Louis Mo*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *2054 Ann Ave*)

File No. **10013**
Registered No. **2574**
St. Ward)

2. FULL NAME

(a) Residence, No. *2054 Ann Ave*, *23* Ward.
(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 *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 16th 1877*
7. AGE YEARS *59* MONTHS *10* DAYS *18*
If LESS than 1 day, hrs. min.

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.
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*

13. NAME *not known*

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

15. MAIDEN NAME *" " "*

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

17. INFORMANT *Frank Samona*
(ADDRESS) *2054 Ann Ave*

18. BURIAL, CREMATION OR REMOVAL
PLACE *St Peter & Paul* DATE *March 6th 1937*

19. UNDERTAKER *J. H. Eichten & W. Co.*
(ADDRESS) *2630 Gravois Ave*

20. FILE **MAR 5 1937**
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 4th 1937*

22. I HEREBY CERTIFY, That I attended deceased from *8/29* 19*32* to *3/37* 19*37*.
I last saw her alive on *3/2* 19*37*. Death is said to have occurred on the date stated above, at *7:30 a*.m.

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

Carcinoma of right breast. Patient had a stroke about 6 weeks ago 50

Other contributory causes of importance:

Name of operation *Removal* Date of *?*

What test confirmed diagnosis? *X Ray* 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 *E. O. Hester* (Signed) *E. O. Hester* M. D.
(Address) *Chemical Bldg*

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.

59-1-199235
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Dr. Ed. C. West, 1900

1006-7 Chemical Bldg.

721 Olive St.