

MAR 25 1937

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

Do not use this space.

12302

1. PLACE OF DEATH

County Jefferson Registration District No. 4221
Township 1st Primary Registration District No. 4507
City St. Louis (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Cheek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7-1875</u>		
7. AGE	YEARS	MONTHS
<u>61</u>	<u>5</u>	<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>St. Louis, Mo.</u>		
13. NAME <u>Peter J. LaPrade</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Sarah Beyer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Laurine LaPrade</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Resting City</u> DATE <u>3/21/37</u>		
19. UNDERTAKER (ADDRESS) <u>Resting City</u>		
20. FILED <u>3/22</u> 19 <u>37</u> <u>J. E. Rutledge, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20, 193722. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to March 20, 1937.I last saw her alive on March 20, 1937. Death is saidto have occurred on the date stated above, at 9A, m.

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

General carcinomatous condition Date of onset ?Origin, Ca of Lt Breast
Primary Cancer of Breast

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy no23. 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) A. P. Smith, M. D.(Address) Resting Mo

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.

RECORD WITH CHARGING INK. THIS IS A PERMANENT RECORD

