MAY 7 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

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

City St. Louis (No. Firmin DesLoge Hospital St. ..... Ward)

File No. 14294

Registered No. 3790

2. FULL NAME Josephine Mor

(a) Residence, No. 4911 Emerson Ave. St., 7 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alexander Mor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26th, 1879

7. AGE: 57 YEARS, MONTHS: 11, DAYS: 11. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

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): Austria

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Alexander Mor, 4911 Emerson Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE April 10th, 1937

19. UNDERTAKER (ADDRESS): Drehmann Hanal, 1905 Union Blvd.

20. FILED APR 9 1937 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30-, 1937, to 4-7-, 1937

I last saw her alive on 4-7-, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Carcinoma of rt. parotid gland. 1 yrs. 5 1/2 ...

Date of onset

Other contributory causes of importance: Metastases to chest, —

Name of operation: Excision of rt. parotid Date of 4-6-37

What test confirmed diagnosis? lab. — 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? No

If so, specify

(Signed) Charles F. Sherwin, M. D.

(Address) 3720 Washington

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.

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Beaumont Bldg