

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 8 - 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. (No. 1003)

Registration District No. 791  
Primary Registration District No. 1003  
Missouri Baptist Hospital

File No. 21882  
Registered No. 5634  
St. 1 Ward

2. FULL NAME

(a) Residence, No. 1003A Schober, St. nR 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7<sup>th</sup>, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 13<sup>th</sup>, 1937, to June 6<sup>th</sup>, 1937  
I last saw h. alive on June 6<sup>th</sup>, 1937 Death is said to have occurred on the date stated above, at 2:30 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17th 1923

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 11 10

Carcinoma Uterus (Primary) Date of onset more than 10 yrs.  
(advanced) with  
impairment of bladder  
function & atrophy of  
region.

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

Other contributory causes of importance:

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

Name of operation None Date of None  
Where test confirmed diagnosis? None Was there an autopsy? No

13. NAME John Rush  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

15. MAIDEN NAME Margaret Buster,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Nellie Jenkins,  
(ADDRESS) 3943 North 9th Street.

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Congers Mo DATE June 8, 1937

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER Wm. Leiders, M.D. Co.,  
(ADDRESS) 1417 N. Market St.

If so, specify (Signed) W.C. Leiders M. D.

20. FILED JUN 8 1937  
Registrar

(Address) 302 Univ. Club Bldg  
St. Louis

