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

Do not use this space.

1. PLACE OF DEATH JUL 8 1937

County ..... Registration District No. 791 File No. 22203

Township ..... Primary Registration District No. 1003 Registered No. 5955

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

C. 3636

2. FULL NAME Mary E. Deal

(a) Residence, No. 904 S. 18th rear St., 22 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1870

7. AGE ~~68~~ YEARS 67 MONTHS 4 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Virginia

FATHER

13. NAME Unk, Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER

15. MAIDEN NAME UNKNOWN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGNIA

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATTHEWS DATE JUNE 21 1937

19. UNDERTAKER (ADDRESS) E. J. Schnur 312 S. Lafayette av

20. FILED JUN 18 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/14/37, 19 to 6/18/37, 19

I last saw her alive on 6/18/37, 19 Death is said to have occurred on the date stated above, at 3.55 a.m.

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

Carcinoma of leg, right (skin). Date of onset

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Other contributory causes of importance:

metastatic carcinoma of lung + liver.

Name of operation amputation Date of .....

What test confirmed diagnosis? autop. 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) H. B. Howard E., M. D.

(Address) City Hospital No. 1

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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