AUG 30 1937

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

Do not use this space.

File No. 28305

Registered No. 182

1. PLACE OF DEATH

County: St Louis Central — Registration District No. 189

Township: Pine Lawn Mo. — Primary Registration District No. 6033

City: (No. 3430 Pine Grove Ave. St. Ward)

2. FULL NAME: Mary V. Draper

(a) Residence, No. 3430 Pine Grove Ave 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: 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: Arthur Draper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8, 1878

7. AGE: Years 58 Months 8 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME: Joseph P. Morly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Mary Reagan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boston Mass.

17. INFORMANT (ADDRESS): Arthur Draper 3430 Pine Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemt. DATE: 7-3-37, 19..

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd

20. FILED: 7-2-, 1937 — A. A. Bachmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to July 1, 1937. I last saw her alive on July 1, 1937. Death is said to have occurred on the date stated above, at 11.10 P. M.

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

	Date of onset
Cancer of the Breast post operative (Carcinomatosis)	

Other contributory causes of importance:

none

Name of operation: 50 Date of:

What test confirmed diagnosis? 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:

(Signed) Nathan Bilsky, M. D.

(Address) 474 3 Kotlub Bldg. St Louis 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.

Dr. [illegible]
4743 North [illegible]