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.

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

SEP 10 1937

Do not use this space.

28764

1. PLACE OF DEATH Homer G Phillips Hospital

County ..... Registration District No. 791

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

City St. Louis (No. 2601, N Whittier St. Ward)

File No. .....

Registered No. 7397

2. FULL NAME Ruth Lane

(a) Residence, No. 2656 Delmar (R) St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1898

7. AGE: Years 38 | Months 10 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME William Jackson

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

MOTHER

15. MAIDEN NAME Ella Young

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL Fathers Dickson DATE 8/8/19 37

19. UNDERTAKER E. A. Green
(ADDRESS) 2915 Franklin Ave

20. FILED AUG 5 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 23, 19 37, to August 2, 19 37

I last saw her alive on August 2, 19 37 Death is said to have occurred on the date stated above, at 6:45 m. a.m.

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

	Date of onset
Carcinoma of cervix uteri with metastasis	7/23/37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2601 N Whittier

X7044

[illegible]

[illegible]

[illegible]