

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

29447  
Do not use this space.

SEP 10 1937

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. De Paul No 1003 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Mabel E. Maycock,  
 (a) Residence, No. 1046 Theobald Ave., St. 8 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H. Maycock (DECD)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
64 4 15

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as 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) London  
 (STATE OR COUNTRY) England

FATHER 13. NAME Foster

FATHER 14. BIRTHPLACE (CITY OR TOWN) England  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Caroline Scarett

MOTHER 16. BIRTHPLACE (CITY OR TOWN) England  
 (STATE OR COUNTRY)

17. INFORMANT Mabel Maycock  
 (ADDRESS) 1046 Theobald St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlhem DATE Aug 28, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son  
 (ADDRESS) 2161 East Fair Avenue

20. FILED 8-28 19 37 J. T. Predeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6:10 1937, to 8:25, 1937.  
 I last saw her alive on 8/24 1937, at 7:40 A. M. Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestines  
(malignant)  
primary seat of cancer  
unknown, probably in intestine  
 Other contributory causes of importance:  
Carcinoma of Liver

Date of onset 4/30/37

Name of operation exploratory Date of 8/28/37  
 What test confirmed diagnosis? Was there an autopsy?

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) J. T. Predeck M. D.  
 (Address) 8321 N. Bly

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.

899

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MR.

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**