

OCT 4 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32365

Do not use this space.

8419

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo.
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds.

Registration District No. **791**
 Primary Registration District No. **1003**
 (d) Street No. Jewish Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No.

2. PRINT FULL NAME Mary Maud Stacey

(a) Residence, No. 4489 Washington St. **19**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 26th, 1895

7. AGE YEARS 41 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. (Hotel)
 10. Date deceased last worked at this occupation (month and year) April 11th, 1937 11. Total time (years) spent in this occupation 3 Years

12. BIRTHPLACE (CITY OR TOWN) Cumberland County,
 (STATE OR COUNTRY) Illinois

13. NAME Louis Harvey Teets

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

15. MAIDEN NAME Charity Duff

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

17. INFORMANT Juanita Stacey
 (ADDRESS) 4489 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Effingham, Ill. DATE September 8, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue

20. F. SEP 7 1937 J. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-10-37, 19....., to 9-6-37, 19.....

I last saw her alive on 9-5-37, 19..... Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Carcinoma of Cervix

Date of onset

Other contributory causes of importance:

Metastases to bladder and bone

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

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Wm. Fischel, M. D.

(Address) 400 Metropolitan Bldg

222299772

STATEMENT BY LICENSED EMBALMER

I, Benj. L. Duncan, Licensed Embalmer No. 8272
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Benj. L. Duncan
Licensed Embalmer No. 8272

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.)