

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

**791**  
**1003**

**32524**

Do not use this space.

Registered No. **8578**

1. PLACE OF DEATH **St. Louis, Mo.**
- (a) County ..... Registration District No. ....
- (b) Township ..... Primary Registration District No. ....
- (c) City **St. Louis, Mo.** (d) Street No. **Central Hospital**  
 (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 **8** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Hazel Mae Kearschner**
- (a) Residence, No. **5102a Page** St. **5**  
 (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 (write the word) **Widow**
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Guy V. Kearschner**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 26th, 1889**
- |        |           |          |           |                                  |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|        | <b>48</b> | <b>2</b> | <b>15</b> |                                  |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
10. Date deceased last worked at this occupation (month and year) **August 1935**
11. Total time (years) spent in this occupation **24 Yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Brazil, Indiana**

- FATHER 13. NAME **J. C. Stager**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fort Wayne, Indiana**

- MOTHER 15. MAIDEN NAME **Margaret Gross**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT **Alfred Kearschner**  
 (ADDRESS) **5102a Page**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Brazil, Indiana** DATE **Sept. 15th, 1937**

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

20. FILE **SEP 13 1937** **J. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 11th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 1**, 1937, to **Sept 11**, 1937
- I last saw her alive on **Sept 11**, 1937. Death is said to have occurred on the date stated above, at **4:00 P.M.**

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

**Carcinoma of Uterus with Meta-stasis in Ovary**  
**Living**

Other contributory causes of importance:

- Name of operation **Tub** Date of **May 1, 1937**
- What test confirmed diagnosis? **Tub** 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) **John C. Brann**, M. D.  
 (Address) **4518 Washington Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, Guy Wilkinson, Licensed Embalmer No. 3575

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

Guy W. Wilkinson

Licensed Embalmer No. 3575

**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.)**