

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**

Do not use this space.

**OCT 20 1937**

**34154**

**1. PLACE OF DEATH**

County Franklin  
Township Central  
City Union RFD #2 (No. 2)

Registration District No. 294  
Primary Registration District No. 5409B

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Grace Friedel

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry L. Friedel

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1936 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 11 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1890

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

7. AGE YEARS 46 MONTHS 11 DAYS 17 If LESS than 1 day, hrs. or min.

Date of onset (?) before Oct 36

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

Carcinoma Cervix Uteri  
Other contributory causes of importance: Exhaustion of Carcino. ?  
metastases to pelvic organs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moselle, Missouri

Name of operation X-Ray treats Date of before  
What test confirmed diagnosis? histology Was there an autopsy? no

FATHER 13. NAME Geo. W. Allen

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.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnetonka, Illinois

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

MOTHER 15. MAIDEN NAME Billy Starley

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) W. H. Brierley M. D.  
(Address) St. Clair, Mo.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Villa Rica, Missouri

17. INFORMANT Harry L. Friedel (ADDRESS) Union RFD #2

18. BURIAL, CREMATION, OR REMOVAL St. John's Cemetery PLACE Near Union, Mo. DATE Sept. 15, 1937

19. UNDERTAKER Union Bur. Co. (U.S. Bur.) (ADDRESS) Union, Missouri

20. FILED Sept 27, 1937 W. H. Duckworth Registrar

