

JAN 10 1938

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

43023
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791/1008
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City **St. Louis** (d) Street No. **2601 N Whittier** Registered No. **11273** St.
(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Leona Mabin**
(a) Residence, No. **2318 Pine** St. **21**
(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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Otis Mabin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 15, 1907**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 - 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
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 **2 30**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tennessee**

13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown 31**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown 31**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. ST. LOUIS, MO** DATE **12/7 1937**

19. FUNERAL DIRECTOR (ADDRESS) **R. M. C. Green 3517 Laclede Ave**

20. FILED **DEC 7 1937** *[Signature]* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 30 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 17 1937** to **Nov. 30 1937**
I last saw her alive on **Nov. 30 1937** Death is said to have occurred on the date stated above, at **8:30 p.m.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix uteri

Date of onset **11/17/37**

Other contributory causes of importance: *[Handwritten: No]*

Name of operation Date of
What test confirmed diagnosis? **clinical** 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?
If so, specify. **Carol A. Williams** M. D.
(Signed) **2601 N Whittier** (Address)

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.

877

50M-7-26-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Gruen Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at 3517

Ladell Ave. E. 12/1/37.

No. _____ or by _____ Registered Apprentice No. ~~1173~~

working under my personal supervision.

Signed R. M. C. Gruen

Licensed Embalmer No. 1173

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.)