

JAN 10 1938

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

43717
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **47 Westmoreland Pl.** Registered No. **11997**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lucie Scudder Green**

(a) Residence, No. **47 Westmoreland Pl.** St. **12**
 (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 **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kenneth L. Green**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 19, 1880**

7. AGE YEARS **57** MONTHS **5** DAYS **8** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, 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 **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

FATHER 13. NAME **E. G. Scudder**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hyannisport Mass.**

MOTHER 15. MAIDEN NAME **Mary Gale**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tilton N. Hampshire**

17. INFORMANT (ADDRESS) **Kenneth L. Green 47 Westmoreland Pl.**

18. BURIAL PLACE **Bellefontaine** DATE **Dec. 29, 37**

19. FUNERAL DIRECTOR (ADDRESS) **Wagoner Undertaking Co. 3621 Olive St.**

20. FILED **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 27, 1936 to Dec. 27, 1937**

I last saw her alive on **Dec. 27, 1937** Death is said to have occurred on the date stated above, at **11 p.m.**

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

1. carcinoma of ovary with metastatic carcinoma of bowel and bladder, urinary
 2. Carcinomatosis

Other contributory causes of importance: **49A**
uremia and toxemia

Name of operation **colostomy by Dr. Fisher** Date of operation **Sept. 1937**

What test confirmed diagnosis? **Lab. tests** 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

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. H. Campbell**, M. D. (Address) **3720 Washington Ave. St. Louis, Mo.**

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.

DEC 29 1937

*Walter Sanford
Beaumont Reg.*

STATEMENT BY LICENSED EMBALMER

I, *Walter King*, Licensed Embalmer No. *3563*

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 *Walter King*

Licensed Embalmer No. *3563*

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.)