

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

Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. 3035)

Registration District No. 791
Primary Registration District No. 1008
Lucas

File No. 8620
Registered No. 2208
St. _____ Ward _____

2. FULL NAME Helen A. Roberts / 63

(a) Residence, No. 3035 Lucas St., Ward 21

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. W. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 25 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
39 11 6

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

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

13. NAME William Moore

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

15. MAIDEN NAME Lorraine James

16. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

17. INFORMANT Chas. W. Roberts (ADDRESS) 3035 Lucas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 3/5/ 1938

19. UNDERTAKER C. W. Roberts Und. Co. (ADDRESS) 3035 Lucas Ave.

20. FILED MAR 5 1938 J. D. Bredich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936, to 3-1-38, 1938

I last saw her alive on 3-1-38, 1938 Death is said

to have occurred on the date stated above, at 10:40 p.m.

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

Carcinoma Breast
Bilateral
50

Other contributory causes of importance:

Metastasis

Name of operation Radical Breast Date of Oct 3 1936

What test confirmed diagnosis? Section 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 Walter W. Hanford, M. D. (Signed)

(Address) 601-615 Chestnut St., St. Louis Mo

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.

Can blank signed