

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8750
Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. 2339
 (c) City St. Louis (d) Street No. 2601 N Whittier St.
 (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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Grant 653
 (a) Residence, No. 3048 Marnice Place St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F
 4. COLOR OR RACE C
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 5 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938, to March 6, 1938
 I last saw h. or alive on March 6, 1938. Death is said to have occurred on the date stated above, at 2 a m.
 The principal cause of death and related causes of importance were as follows:

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

Carcinoma of left breast
50
 Other contributory causes of importance: Metastasis
 Date of onset 2/10/38

12. BIRTHPLACE (CITY OR TOWN) Brooklyn
 (STATE OR COUNTRY) Illinois

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? NO

FATHER
 13. NAME John Everette
 14. BIRTHPLACE (CITY OR TOWN) Alabama
 (STATE OR COUNTRY)

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.

MOTHER
 15. MAIDEN NAME Francis Newsome
 16. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

Manner of injury _____
 Nature of injury _____

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) _____, M. D.
 (Address) 3601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Thomas DATE Mar. 11 1938
 19. FUNERAL DIRECTOR (ADDRESS) St. Louis

20. FILED MAR 9 1938 J. D. Bredak

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,

Wm E Offens

Licensed Embalmer No.

3518

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by

working under my personal supervision.

Registered Apprentice No.

Signed

Wm E Offens

Licensed Embalmer No.

3518

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.)