N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

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

Do not use this space.

12919

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3523

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 5573 Ridge St. ..... Ward)

2. FULL NAME Olive Marin 65

(a) Residence, No. 5573 Ridge St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George F. Marin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 30-1889

7. AGE: YEARS 48 | MONTHS 5 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Peter Merton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Elfie Kohlert Gilis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): George Marin 5573 Ridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE 4-15 1938

19. UNDERTAKER (ADDRESS): Louis H Bopp Kirkwood, Mo

20. FILED APR 15 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1937, to March 13, 1938
I last saw her alive on 3/13, 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix c metastases to regional glands	?

Other contributory causes of importance:

Name of operation: Iliac gland dissection Date of 2-12-38
What test confirmed diagnosis? yes 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 .....
(Signed) William Berman, M. D.
(Address) 3427 Washington Ave St. Louis Mo

3523

3523

STATEMENT OF LICENSED EMBALMER

I, John M. Meyer Licensed Embalmer No 3288

HEREBY CERTIFY That the body recored on the reverse side of this certificate was embalmed by me

Signed John M. Meyer

Licensed Embalmer No 3288