

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13143

Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City, St. Louis (d) Street No. St. Luke's Hospital 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 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1003Registered No. 37472. PRINT FULL NAME Marie Berlendis Monteath 533

(a) Residence, No. 7255a Amhurst St. NR K. City, Mo.
 (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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Edward Monteath
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 --

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

12. BIRTHPLACE (CITY OR TOWN) Venice,
 (STATE OR COUNTRY) Italy.

FATHER 13. NAME Victor Berlendis

14. BIRTHPLACE (CITY OR TOWN) Venice,
 (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Venice,
 (STATE OR COUNTRY) Italy

17. INFORMANT Edward Monteath
 (ADDRESS) 7255a Amhurst

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oake Grove DATE April 23, 1938

19. FUNERAL DIRECTOR Alexander & Sons
 (ADDRESS) 6175 Delmar Blvd.

20. FILED APR 22 1938 J. D. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3rd 1937, to Apr 20, 1938
 I last saw her alive on Apr 20, 1938 Death is said to have occurred on the date stated above, at 9:12 p.m.

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

Carcinoma - ovary -
Bilateral
49 A
 Date of onset Probably Apr 27

Other contributory causes of importance:

General Carcinomatosis

Name of operation Removal glands neck Date of July 7, 1937
 What test confirmed diagnosis? → Was there an autopsy? Yes

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 John H. Vaughan M. D.

(Signed) John H. Vaughan M. D.
 (Address) 634 No. Ward

(Licensed Embalmer's Statement on Reverse Side)

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.

11-1-
Mrs Theodor Gaddy

STATEMENT BY LICENSED EMBALMER

I, J Wm Binkley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J Wm Binkley
Licensed Embalmer No. 3653

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.)