

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.

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

20573  
 Do not use this space.

REC'D JUL 12 1938

791  
 1003

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis. (d) Street No. 5053 A Tholozan Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5712**

**2. PRINT FULL NAME** Lorena V. Vertrees 636

(a) Residence, No. 5053 A. Tholozan St. 14  
 (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 F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse R. Vertrees  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1895  
 7. AGE YEARS 42 MONTHS 8 DAYS 2 IF LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2/6 1937, to 6-23 1938  
 I last saw her alive on 6-21 1938. Death is said to have occurred on the date stated above, at 3:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinomatous  
Capillary epithelioid carcinoma (Breast)  
 Date of onset

Other contributory causes of importance  
Papillary epithelioid carcinoma (Breast)  
 Name of operation Laparotomy Date of 2/20/38  
 What test confirmed diagnosis? Pathology Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) Mercer Co.  
 (STATE OR COUNTRY) Ill.

FATHER 13. NAME E.G. Gordon.  
 14. BIRTHPLACE (CITY OR TOWN) Knox Co.  
 (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Sadie V. Sheppard.  
 16. BIRTHPLACE (CITY OR TOWN) Red Oak  
 (STATE OR COUNTRY) Iowa.

17. INFORMANT Jesse Vertrees.  
 (ADDRESS) 5053 A Tholozan.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Auburn Ill. DATE Sat. June 25th 38

19. FUNERAL DIRECTOR Jay B. Smith.  
 (ADDRESS) 7456 Manchester, Maplewood Mo.

20. FILE JUN 24 1938 J.F. Brubaker  
 Local Registrar

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.....  
 (Signed) E.B. Waters, M. D.  
 (Address) Richwood, Mo

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess, Licensed Embalmer No. 40 29

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

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. E. Burgess

Licensed Embalmer No. 40 29

**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.)**