

REC'D JUL 12 1938

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

20633
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis**
(e) Length of residence in city or town where death occurred
D 2166

Registration District No. **791**
Primary Registration District No. **1008**

Registered No. **5772**

(d) Street No. **City Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4017 Page** St. **11**
(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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR
single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Noc 15, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1
55 50 7 3 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work
was done, as saw mill, bank, etc. **nil**
10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) **St. Louis, Missouri**13. NAME **Martha Maher**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ?15. MAIDEN NAME **Mary ?**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **June 28, 1938**19. FUNERAL DIRECTOR (NAME)
(ADDRESS)20. FILED **JUN 27 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/24/38**, 1922. I HEREBY CERTIFY, That I attended deceased from
5/14/38, 19....., to **6/24/38**, 19.....I last saw him live on **6/24/38**, 19..... Death is said
to have occurred on the date stated above, **5.50 p.**

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

**Carcinoma of Larynx
& metastasis to
regional lymph nodes
and structures** Date of onset

Other contributory causes of importance:

Name of operation **None** Date ofWhat test confirmed diagnosis? **Biopsy** 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) **A. S. Bowler**, M. D.(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Ben F...*

Licensed Embalmer No. *1591*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.