

REC'D OCT 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City

Registration District No.
Primary Registration District No.
(No. Missouri Baptist Hospital)

791
1008

File No. 30579
Registered No. 8016
St. ; Ward)

2. FULL NAME Eva Douglas

(a) Residence, No. 7250 St. Andrews St. IR Ward. St. Eds Park MB
(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 Female 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 Wm. O. Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Illinois

13. NAME W. W. Frey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) W. O. Douglas
7250 St. Andrews

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE 9/14 1938

19. UNDERTAKER (ADDRESS) Louis J. Poppe
Markwood Mo

20. FILED SEP 10 1938 J. B. Budick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept., 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938, to Sept 9 1938

I last saw her alive on Sept 9 1938 Death is said

to have occurred on the date stated above, at 7 p.m.

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

Carcinoma of Liver?
Metastasis from breast.

Other contributory causes of importance:

Carcinoma of Breast 1936

Name of operation Removal of left breast 9-2-36 Date of 9-2-36

What test confirmed diagnosis? Cytology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify James A. Forsythe, M.D.

(Signed) James A. Forsythe, M.D. (Address) Wall Bldg

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I hereby certify that I embalmed
the body of Eva Douglas

Richard Popper

No. Lic # 3042