

NOV 16 1938

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

33737
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **8723**
(c) City **St. Louis** (d) Street No. **3450 Minnesota Ave.** St. **16**
(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.

2. PRINT FULL NAME

165 Mary M. Kofron
(a) Residence, No. **3450 Minnesota Ave.** St. **16** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Mathew Kofron**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17-1871.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **67 0 18**
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**
13. NAME **Fred Klaus**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
15. MAIDEN NAME **Schroeder**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mathew Kofron**
(ADDRESS) **3450 Minnesota Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Oct. 8th. 1938**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **OCT 3 1938** **J. P. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 5th. 1938**

22. I HEREBY CERTIFY, that I attended deceased from **July 29, 1938, to Oct 6, 1938**
I last saw **P. C.** alive on **Oct 5, 1938**. Death is said to have occurred on the date stated above, at **3 P.M.**

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

Other contributory causes of importance:
Marked metastasis
Myocardial failure

Name of operation Date of
What test confirmed diagnosis? **Clinical** 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? **No**
If so, specify **None**
(Signed) **Deleean Calkins, M. D.**
(Address) **2301 N. Kingshighway**

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.

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,

Frank J. O'Flaherty Sr.

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank J. O'Flaherty Sr.

Licensed Embalmer No.

2645

P. O. Address

St Louis Mo.

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.