

DECEMBER 12 1938

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

37637
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **9964**
 (c) City **St. Louis, Mo.** (d) Street No. **Faith 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 **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **342 Mary Settles**

(a) Residence, No. **3946 N. 11th Street** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 **Curtis Settles**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 14 / 1883**
 7. AGE YEARS **55** MONTHS **1** DAYS **3** If LESS than 1 day, hrs. or min.
 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) **Oct. 1938** 11. Total time (years) spent in this occupation **20 yrs.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 17 / 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 1**, 19**38**, to **Nov 17**, 19**38**
 I last saw her alive on **Nov 17**, 19**38** Death is said to have occurred on the date stated above, at **2:05 P. m.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of breast (left) metastatic Date of onset **1936**
50

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Roodhouse Illinois**

FATHER 13. NAME **Jacob Schuman**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Holland**

MOTHER 15. MAIDEN NAME **Susan Turner**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Curtis O. Settles 3946 N. 11th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Roodhouse, Illinois** DATE **Nov. 19 / 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe Inc. 4700 Washington Blvd.**

20. FILED **Nov 18 1938** 19 **St. Bredeck** Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? **History** 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 (Signed) **Burgess L. Arnold**, M. D.
 (Address) **4256 Warne**

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 _____

Licensed Embalmer No. 1861

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.