

REC'D MAR 13 1939

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

4427
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **4037 Nebraska 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. **1120**

2. PRINT FULL NAME

Katie Sheriff

- (a) Residence, No. **4037 Nebraska Ave.** St. **15**
(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 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 Ira Sheriff		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1888		
7. AGE	YEARS	MONTHS
	50	2
		DAYS
		22
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home	
	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)	Missouri	
FATHER	13. NAME John Vahey	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.	
MOTHER	15. MAIDEN NAME Dont Know.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.	
17. INFORMANT Ira Sheriff (ADDRESS) 4037 Nebraska Ave.		
18. BURIAL CREMATION OR REMOVAL PLACE St. Olive Cem. DATE Feb. 6, 1939.		
19. FUNERAL DIRECTOR (NAME) J. H. Gebken & Co. (ADDRESS) 2842 Maramec St. FEB 8 1939		
20. FILED 19 J. F. Buchar Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 3** 19**39**22. I HEREBY CERTIFY, That I attended deceased from **May** 19**37**, to **Feb. 3** 19**39**I last saw **her** alive on **Feb. 2** 19**39**. Death is said to have occurred on the date stated above, at **8:30 A. M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast Date of onset **1935**
Ca metastatic to spine **1937**

Other contributory causes of importance: **50**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **S. A. Nestor**, M. D.(Address) **5530 Virginia Ave**

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebker

Licensed Embalmer No. 2120

2842 Meramec St.

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.