

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

17274
Do not use this space.
4808

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City ^{or} St. Louis (d) Street No. 2425 S. Broadway 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.

2. PRINT FULL NAME Mrs. Francis West

(a) Residence, No. 2425 S. Broadway St. 23 (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank West

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	10	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Cleaning & Dyeing Place</u>
	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) Minden 6
 (STATE OR COUNTRY) Germany

13. NAME Gustav Meyer 6

14. BIRTHPLACE (CITY OR TOWN) Minden 6
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Helena Gieselman 6

16. BIRTHPLACE (CITY OR TOWN) Minden 6
 (STATE OR COUNTRY) Germany

17. INFORMANT (NAME) Mrs. Dora Haell (Sister)
 (ADDRESS) 1627 So. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cem' DATE 5-27-'39, 19

19. FUNERAL DIRECTOR (NAME) Gruth Center Mortuary
 (ADDRESS) 4024 Lindell Blvd.

20. FILED MAY 27 1939 J. B. Buddeker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-'39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1939, to 5-24-, 1939

I last saw him/her alive on 5-6-, 1939. Death is said to have occurred on the date stated above, at 7:20 P.M.

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

Carcinoma Right Lung. metastases from left breast, amputated 18 months previously

Other contributory causes of importance:

Name of operation Radical breast Date of 1937
 When test confirmed diagnosis? _____ 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) W. R. Gurn, M. D.

(Address) 2227 S. Broadway

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.

FORM-9-11-38 I X16603

D.A. [unclear]
S. B. [unclear]

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 Steward F. Rowland

Licensed Embalmer No. 3114

P. O. Address Stennis, M.

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.