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

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.

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

FEB 11 1941

8268
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township Elmwood Park — Primary Registration District No. 200 — Registered No. 91456

or

(c) City ..... (d) Street No. 1 ..... 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 0 yrs. mos. ds.

2. PRINT FULL NAME Darthular Ketchum 0

(a) Residence, No. 407 Chicago Blvd. St. ☐ .....

(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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Ketchum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1880

7. AGE — YEARS: 60 — MONTHS: 4 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Brownville R Tenn.

FATHER

13. NAME George Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ga.

MOTHER

15. MAIDEN NAME Kitty Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Unknown

17. INFORMANT (ADDRESS) Daniel Ketchum, husband 407 Chicago, Elmwood Pk., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2-28-41, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Lewis Webster Groves

20. FILED FEB 27 1941 — R. R. Meyer M.D. Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-41, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-12-40, 19..., to 2-18-41, 19...

I last saw her alive on 2-8-41, 19... Death is said to have occurred on the date stated above, at 7:05 P.M.

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

Carcinoma of cervix, far advanced, with metastases or infiltration into vagina, and broad ligament — Date of onset: several years

Other contributory causes of importance:

48a

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

What test confirmed diagnosis? Biopsy 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) Milton A. Spitz, M. D.

(Address) St. Louis County Hospital

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

, Registered Apprentice No.

working under my personal supervision.

Signed J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.