

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

Do not use this space.

14226

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Johns Hospital) St. _____ Ward _____

File No. _____
 Registered No. **3562**

2. FULL NAME

(a) Residence No. _____ St. 12 Ward. Breese Hill
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Collier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
64 0 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Alfonse Sameth
 (Address) 4446 Page Ave.

15. FILED 10 1930 Mrs. C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1930

17. I HEREBY CERTIFY. That I attended deceased from March 20 1930 to April 9 1930 that I last saw her alive on April 9 1930 and that death occurred, on the date stated above, at 5:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Bladder

53 B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Breese Hill

DID AN OPERATION PRECEDE DEATH? No DATE OF Mar 25, 30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microscopic Exam
 (Signed) Rayon Carrell M. D.

Apr. 9. 1930 (Address) 1070 Paul Brown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Breese Hill DATE OF BURIAL 4/12 1930

20. UNDERTAKER Bridge Und ADDRESS Breese Hill

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.

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

Alfonse Sameth

