

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

Do not use this space.

14306

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **Deaconsess Hoops**)

File No. ....

Registered No. **3646**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **6333 Ellenwood** St., **3** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 7 - 1854**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	75	5	4	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Housework**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Mississippi**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Eden dont know**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **New York**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Anna Murphy**

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

14. INFORMANT **Mrs. Bushmann**  
(Address) **6333 Ellenwood**

15. FILED **APR 13 1930** **W. C. Standley** REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4/11 1930**

17. I HEREBY CERTIFY, That I attended deceased from **15<sup>th</sup> 30** to **April 11 1930** that I last saw her alive on **April 10 1930**, and that death occurred, on the date stated above, at **7:15 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Carcinoma**  
**466 Abdominal**  
**53E**  
**162** (duration) **6** yrs. **6** mos. **—** ds.

CONTRIBUTORY (SECONDARY) **Exhaustion**  
(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**0** DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **X Ray**  
(Signed) **J. H. Hackett**, M. D.

**4/11. 1930** (Address) **200 Bldg.**  
\*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 **Bellefontaine** DATE OF BURIAL **April 12 1930**

20. UNDERTAKER **Wey Leudner and Co. St. Market**  
ADDRESS **1417**

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.

1999

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County.....  
Township.....  
City..... (No..... St..... Ward.....)

Registration District No. 991  
Primary Registration District No. 1003

File No.....  
Registered No. 3676

**2. FULL NAME**

*Jennie Bliss Wolf*

(a) Residence. No..... St..... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED

*JUL 15 1930*  
*Ray C. Carberry*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/11 1930

17. I HEREBY CERTIFY, That I attended deceased from..... to..... (that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Carcinoma abdominal, Primary seat Retroperitoneal corner right side. Information given over phone by Dr. P. J. Neuser*  
CONTRIBUTORY (SECONDARY) *Act. of W.S. 6-16-30*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

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 PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.  
 Exact statement of OCCUPATION is very important.  
 AGE should be stated EXACTLY. AGE should be stated EXACTLY. AGE should be stated EXACTLY.  
 CAREFUL STATEMENT IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.  
 PARENTS SHALL NOT RECEIVE A FEE FOR CERTIFICATE OF DEATH UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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