

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

Do not use this space.

24525

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 1550 S. Broadway)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 6680
St. Ward

2. FULL NAME

Alice Christy
(a) Residence. No. 1550 Broadway 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Mollie K. Christy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3rd, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 0 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(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) Bond Co. Ill.

10. NAME OF FATHER John Roberts

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

12. MAIDEN NAME OF MOTHER Martha Warner

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

14. INFORMANT Mr. Al. Getting
(Address) Modern Caskets & Material Co

15. FILED JUL 11 1937 Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1920 to Aug 10, 1930 that I last saw him alive on July 15, 1930 and that death occurred, on the date stated above, at July 10 - 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
468
long years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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 medical exam.
(Signed) Joseph S. Berger, M. D.
, 19 (Address) 1532 S. Broadway

*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 Cape Girardeau DATE OF BURIAL 7/11 1930

20. UNDERTAKER A. M. McLaughlin ADDRESS 1631 Missouri

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.

