

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

Do not use this space.

6957

1. PLACE OF DEATH

County Registration District No. 781
 Township Primary Registration District No. 300
 City St. Louis (No. 4262 Delmar Blvd) St. Ward)

File No.
 Registered No. 2062

2. FULL NAME

(a) Residence, No. 4262 Delmar Blvd St. 19 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17 - 1868</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>5</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation <u>235</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis - Mo.</u>		
MOTHER	13. NAME <u>Anton Hollman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
	15. MAIDEN NAME <u>Mary Subman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Jennie Hillford</u> (ADDRESS) <u>4262 Delmar Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>March 3, 1932</u>		
19. UNDERTAKER <u>Chas. Schaefer</u> (ADDRESS) <u>4254</u>		
20. FILED <u>May 2, 1932</u> <u>May C. Starkey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1932, to 2/29, 1932
 I last saw her alive on 2/29, 1932. Death is said to have occurred on the date stated above, at 5:30 Am.
 The principal cause of death and related causes of importance were as follows:
Carcinoma
Uterus
 Other contributory causes of importance:
48

Date of onset <u>55</u> days <u>7</u> months <u>1</u> known

Name of operation Date of
 What test confirmed diagnosis? ✓ 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 ①

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Dr. Schaefer
 (Signed) Dr. Schaefer M. D.
 (Address) 701 University Club

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.

