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

Do not use this space.

1. PLACE OF DEATH
County ..... Registration District No. 701
Township ..... Primary Registration District No. 1003
City St Louis (No. 5515 Goethe av St. ..... Ward)

File No. 17795
Registered No. 3964

2. FULL NAME Bessie Trader
(a) Residence, No. 5515 Goethe av St., 2 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/26/1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	7	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.

FATHER
13. NAME Albert Trader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER
15. MAIDEN NAME Margaret Baum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.

17. INFORMANT (ADDRESS) Laura Schriever 5515 Goethe av

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem DATE 5/3 1933

19. UNDERTAKER (ADDRESS) Meek & Dickman 3089 Easton av

20. FILED MAY — 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to April 30, 1933
I last saw her alive on April 29, 1933. Death is said to have occurred on the date stated above, at 12:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both breasts with Metastases to lung	1929

Other contributory causes of importance:

50

Name of operation Mammectomy Date of April 1930
What test confirmed diagnosis? Was there an autopsy? No

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) R. Malone Strand, M. D.
(Address) 607 N Grand