

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.

APR 25 1934

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

Do not use this space.

10920

PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003

File No. 2770  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME

(a) Residence, No. 4253<sup>1/2</sup> Warrick Ave. St. 10 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin E. Brockmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18, 1882</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East St. Louis Ill</u>		
FATHER	13. NAME <u>Frank Booken</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mora Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hot Springs Ark</u>	
17. INFORMANT (ADDRESS) <u>Benjamin E. Brockmeyer 4253<sup>1/2</sup> Warrick Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph</u> DATE <u>Mar. 21, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Mary Hermann Carey 3161 East Fair Ave.</u>		
20. FILED <u>APR 25 1934</u> <u>J. H. Redempt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to March 19, 1934.  
I last saw her alive on March 18, 1934. Death is said to have occurred on the date stated above, at 7:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Cervix Primarily  
44 years old  
538  
1030

Other contributory causes of importance:  
Metastasis to pelvis  
abdominal organs

Name of operation Hysterectomy Date of Jan 1935  
What test confirmed diagnosis? Path 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?  
If so, specify \_\_\_\_\_  
(Signed) Nadine W. M. D.  
(Address) 5026 Union Blk.,  
H. G. Klein

2500