

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

Do not use this space.

34721

OCT 11 1934

791
1003

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis (No. Mo Baptist Hospital)

File No. _____
 Registered No. 9583
 St. _____ Ward _____

2. FULL NAME

Verna Bove
 (a) Residence, No. 4715 Nat. Budge Ave St. Ward. 7
 (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. (If nonresident, give city or town and State)

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>Leroy R. Bove</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14 1900</u>				
7. AGE	YEARS <u>34</u>	MONTHS <u>11</u>	DAYS <u>14</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>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>137</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>13</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1934, to Sept 28, 1934
 I last saw her alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
General Peritonitis (due to Bacillus coli) Date of onset 9-24-34
Cystic degeneration necessitating
Operation - Right tube, left ovary removed Adhesion 9-19-34
 Name of operation left ovary removed Adhesion
 What test confirmed diagnosis Physical Exam 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 Everett J. Javan, M. D.
 (Signed) _____ (Address) 539 No Grand Ave

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Andrew W. Fadden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Leroy R. Bove
 (ADDRESS) 4715 Nat. Budge Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Richens DATE Oct 1, 1934

19. UNDERTAKER Wm. F. Pascheda
 (ADDRESS) 2815 No Grand Ave

20. FILED SEP 29 1934
J. J. Bredeck
 Registrar.

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.

St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jenna Bove (?)
Who died at St. Baptist Hosp on Sept 28 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 34 Months 1 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
General peritonitis (due to Bacillus coli)

Birthplace (State or country) Cystic degeneration

Birthplace of father (State or country) neurotomy operation

Birthplace of mother (State or country) St. Louis & left ovary

Principal cause of death: removed adhesions about

the descending colon - non purulent - non venereal

non malignant - see letter

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Everett J. Joubert

Address of physician 539 N. Grand Ave.

Signature of Registrar J. F. Bredek Date filed 11-21-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E. T. McGaugh

Reg. Dist. No. _____
Primary Reg. Dist. No. _____

State Registrar

Special Agent.

Drs. J. W. Macdonald,
E. J. Javaux,
539 N. Grand Blvd.
ST. LOUIS, MO.

Nov 20th '34

Dr. E. J. McLaugh
Jefferson City
Missouri

Dear Doctor - For your information
in the case of Mrs. Ferna Bone
who expired at Missouri Baptist
Hospital, St. Louis, Mo., on Sept 28th
1934, I will give the following
resumé, Pathology found, cyst of
the left ovary (degenerative) Hydro-
salpinx of right tube, (Right
ovary normal) marked pericolic
adhesions about ileac and sigmoid
portions of large bowel.

Left ovary and right tube removed.
Extensive separation of pericolic
adhesions. Peritonitis followed
which terminated fatally. I feel
that the peritonitis developed from
leakage from the large bowel
where adhesions were separated.

There was no puerperal
gonococci or tuberculous infection,
no malignancy.

Very truly yours
E. J. Javaux.