

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.

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

Do not use this space.

JAN 10 1937

46786

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Josephine, Heitkamp Hospital) St. Ward)

File No.
 Registered No. **12608**

2. FULL NAME Lucy Frye

(a) Residence, No. St. NR Ward. Van Duser, Missouri
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24th, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Benton (STATE OR COUNTRY) Illinois

13. NAME Samuel Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Julia Webb

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

17. INFORMANT John S. Webb (ADDRESS) 3803 Blaine Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE December 25, 1936

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue

20. FILED DEC 23 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936, to Dec 23, 1936

I last saw him alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 3:18 a

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus and bladder, Urinary
Primarily in urinary bladder.

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis Biopsies Was there an autopsy Yes

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? Yes
 If so, specify

(Signed) W. D. Rew, M. D.
 (Address) 1446 Grand

