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

SEP 25 1937

Do not use this space.

File No. 31858

Registered No. 318

1. PLACE OF DEATH

County: St. Louis

Township: Carondelet

City: (No. Old Folks Home St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 E

2. FULL NAME: Henrietta Wesley

(a) Residence, No. 9837 Penrose St., 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: Fem.

4. COLOR OR RACE: Col'd

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not Known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: Years: abt. 85 Months: Days: If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

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): Missouri

FATHER

13. NAME: Not Ascertainable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Ascertainable

MOTHER

15. MAIDEN NAME: Not Ascertainable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Ascertainable

17. INFORMANT (ADDRESS): Ardania Morgan 3117 Belmont

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenwood DATE: Aug. 11, 1937

19. UNDERTAKER (ADDRESS): J. H. Hanson 2900 Lawton

20. FILED: Aug. 8, 1937 Mrs Hedy Mooney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-7-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-15-, 1936, to 8-7-, 1937

I last saw her alive on 8-3-, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

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

	Date of onset
Carcinoma of Cervix	
Myocarditis	

Other contributory causes of importance: HB

Name of operation: None Date of:

What test confirmed diagnosis? 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?

If so, specify:

(Signed) G. A. Gaitens, M. D.

(Address) 5200 Lucas ave.

3200 hucas

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