

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.

REC JUN 7 1938

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

19508
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township PINE LAWN Primary Registration District No. 200 Registered No. 903

(c) City Pine Lawn (d) Street No. 4617 OAKWOOD AV. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NELLIE A. THOMAS 52

(a) Residence, No. 4617 OAKWOOD AV. St. (If nonresident, give city or town and State)

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 EDWIN O. HUSBAND OF (OR) WIFE OF THOMAS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 8TH 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>11</u>	<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME

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) ST LOUIS MO

FATHER

13. NAME JOHN ELZER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

MOTHER

15. MAIDEN NAME NELLIE HICKEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

17. INFORMANT (ADDRESS) Edwin O Thomas 4617 Oakwood av

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE MAY 25TH 1938

19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR.

20. FILED MAY 27 1938 J. R. Myer M.D. P. 2 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 22ND 1938

22. I HEREBY CERTIFY That I attended deceased from 11 or 12, 1938, to May 18, 1938. I last saw her alive on May 18, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Carcinoma of left breast

50

Other contributory causes of importance: Metastasis into left lung

Name of operation Chemical Cautey Date of

What test confirmed diagnosis? X Ray 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) E. C. Hestayer M. D. (Address) 906-7 Chemical Bldg

