REC'D SEP 12 1938

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

Do not use this space.

791

27577

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7591

City St. Louis ..... (No. Barnes Hospital ..... St. ..... Ward)

2. FULL NAME Bertha Elizabeth Wilson 425

(a) Residence, No. 5924 Pershing St., 5 Ward. (If nonresident, give city or town and State)
(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.

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: Hugh K. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/22/83

7. AGE: YEARS 54 | MONTHS 8 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sparta, Ill. 4

FATHER

13. NAME: Thomas B. Stephenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carnfonte, Eng. 1

MOTHER

15. MAIDEN NAME: Mary Jane Beattie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sparta, Ill.

17. INFORMANT (ADDRESS): Hugh K. Wilson 5924 Pershing

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE 8/26/38, 19

19. UNDERTAKER (ADDRESS): Alexander and Sons 6175 Delmar Blvd.

20. FILED AUG 26 1938 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 7 - 5 - 1938, to 8 - 25 - 1938

I last saw her alive on 8 - 25 - 1938. Death is said to have occurred on the date stated above, at 1:15 a m.

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

Carcinoma of Breast metastases to lungs and liver 50 — Date of onset 1937

Other contributory causes of importance: abdominal ascites

Name of operation Radical mammectomy Date of Sept 1937

What test confirmed diagnosis? ..... 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? no

If so, specify no

(Signed) Keith S. Wilson 1, M. D.

(Address) BARNES HOSPITAL

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Y
J. Wm. Binkley or by
Registered Apprentice No _____, working under my personal supervision.

Signed J. Wm. Binkley

Licensed Embalmer NO 3653

P.O. Address St. Louis Mo