

24 1938

DESD OCT 6 1938

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

33336
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 200
(c) City Vinita Pk (d) Street No. 8122 Albin Ave. Registered No. 1565
(e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Florence Ester Stueve 310
(a) Residence, No. 8122 Albin Ave. St.
(Usual place of abode, if no street address, write county or city) (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 HUSBAND OF (OR) WIFE OF William Stueve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26th, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 8 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME George Cody

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

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) William Stueve
8122 Albin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE 9-27-38

19. FUNERAL DIRECTOR (ADDRESS) Provost Und. Co.
3740 E. Grand Blvd.

20. FILE NO. SEP 24 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-38

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937, to Sept 22, 1938
I last saw her alive on Sept 22, 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:

Cancer of uterus Date of onset

Other contributory causes of importance: 48

Name of operation Radical hysterectomy Date of Nov 4, 37
What test confirmed diagnosis? Phy Was there an autopsy?

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) J. H. Hansen, M. D.
(Address) 4903 Delmar Ave
St. Louis, Mo.

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.

J.S. Homan
4903 Belmar
12-2

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3916

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed:

A. A. Smithers

Licensed Embalmer No. 3916

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)