

REC'D MAY 10 1939

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

13480

Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City St. Louis / (d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 3822

2. PRINT FULL NAME 160

(a) Residence, No. 1810 Rutger St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 John Pepper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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) Brazil Indiana13. NAME William Sherman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Mae Moss16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE April 25 19. 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. McLaughlin
2301 Lafayette Ave20. FILED APR 25 1939 J. F. Budick (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/39 1922. I HEREBY CERTIFY That I attended deceased from 4/21/39 to 4/22/39, 19I last saw her her alive on 4/22/39, 19. Death is said to have occurred on the date stated above, at 12.22 p m.

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

Carcinoma of cervix - primary
meta - vas. and veins -
vaginal fistulae

Date of onset

Other contributory causes of importance 18

Name of operation Date of

What test confirmed diagnosis? 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) Glenn D. Allen, M. D.(Address) City Hospital No. 1

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.

I X18903

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. N. Cooper
Licensed Embalmer No. 5633
P. O. Address 2317 Lafayette

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.)
If this body is not embalmed, above space should be left blank.