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

Do not use this space.

31703

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1005

City St Louis (No. 723 Dover Place St. ..... Ward)

File No. .....

Registered No. 9357

2. FULL NAME Irma May Etherton

(a) Residence. No. 723 Dover Place St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Monte C. Etherton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 7. 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	4	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER August Schrader

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Sophia Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ills

14. INFORMANT Monte C. Etherton M.D.
(Address) 723 Dover Place

15. FILED SEP 29 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to Sept 27, 1930 that I last saw h.... alive on Sept. 27, 1930 and that death occurred, on the date stated above, at 3:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. S. Runnels M. D.

9/29/30 (Address) 3115 S Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Pk

DATE OF BURIAL 9-30-1930

20. UNDERTAKER Southern

ADDRESS 6320 S. Grand Blvd

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.

Dr J S. Pinnell
315 S Grand.