

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

Do not use this space.

10661

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis**, (No. **Westgate Hotel**)..... St. Ward)

File No.....
 Registered No. **2406**
 St. Ward)

2. FULL NAME

Florence Gade Maudain
 (a) Residence. No. **Westgate Hotel**, **12** Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 **Harold Maudain**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 14th, 1851**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76. 11. 18.

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) **Clinton N. Y.**

10. NAME OF FATHER **Standish Page**

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) **Vermont**

12. MAIDEN NAME OF MOTHER **Jeanette Roberts**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) **New York**

14. INFORMANT (Address) **Harold Maudain Westgate Hotel**

15. FILED **5-5-1927** **Max C. Starkoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 2nd, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **2** **15** 19**28**, to **3** **2** 19**28**, that I last saw **her** alive on **3** **2** 19**28**, and that death occurred, on the date stated above, at **11** **a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia lobar
108

CONTRIBUTORY (SECONDARY) **10/10** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. **NO** DATE OF.....

WAS THERE AN AUTOPSY..... **NO**

WHAT TEST CONFIRMED DIAGNOSIS..... **Physiced**
 (Signed) **H. H. Starkoff** M. D.

*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.
3/3, 1928 (Address) **Persimmon Road**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine Cem** DATE OF BURIAL **March 5th, 1928**

20. UNDERTAKER **C. R. Ruyton** ADDRESS **4449 Olive Street**

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.

~~Room # 225~~

Room # 225.

2:30 P. M.