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

Do not use this space.

38422

File No. 11088

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Lutheran Hospital ..... St. ..... Ward)

2. FULL NAME Eleanor M Godron

(a) Residence. No. 4110 a Arsenal St., 16 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 George Godron

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	9	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER C McAdoo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Annie Hartman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT George Godron
(Address) 4110 a Arsenal. St Louis Mo

15. FILED NOV 12 1928, 19..... Thos C. Fardel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 11/8, 19 28, to 11/9/, 19 28, that I last saw h. alive on Nov 9, 19 28, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute toxemia (eclampsia)
14 hr. (Caesarean section)
14 hr. (Fetus on week mo time)
..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chron interstitial nephritis
..... (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her home
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 11/8/28
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Evidence of pelvis
(Signed) [illegible], M. D
11-10, 19 28 (Address) 505 [illegible] Chet Bldg

*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	DATE OF BURIAL
Missouri Crematory	11-12 19 28
20. UNDERTAKER	**ADDRESS**
Wra & K Bros 2201	So Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

J. 1

Caesarean