

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 10002  
 City St. Louis (No. St. Johns Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 341609497  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Ethel M. Hiden  
 (a) Residence, No. 7242 Pershing St., 12 Ward, St. Louis, Mo.  
 (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 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 Claver N. Hiden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 10 25

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) Platonia Tex.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Magnus Fernau

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

12. MAIDEN NAME OF MOTHER Margda Yeager

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

14. INFORMANT (Address) Claver N. Hiden  
7242 Pershing

15. FILED OCT -4 1930 Ray Marklin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from 5/1/25, 19, to 10/3/30, 19, that I last saw her alive on 10/3/30, 19, and that death occurred, on the date stated above, at 12 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Nephritis - chronic  
 (duration) 8 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Osteomyelitis - chronic  
 (SECONDARY) (duration) 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 9/1/30

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) O. J. Falk M. D.  
10/3/30, 19 (Address) Exonment 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 Platonia Tex. DATE OF BURIAL 10-4-1930

20. UNDERTAKER C. R. Repton ADDRESS Oliver Street #4449

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.

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July 1880

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