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

Do not use this space.

15498

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No. 43
Township Carondelet — Primary Registration District No. 4471 — Registered No. 43
City Webster Groves (No. 136 S. Old Orchard Ave St. ..... Ward)

2. FULL NAME Helen Yaden
(a) Residence. No. 136 S Old Orchard Ave St., ... 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 — 1915

7. AGE Years 15 Months 7 Days 29 If LESS than 1 day, ... hrs. or ..... min.

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) Missouri

PARENTS
10. NAME OF FATHER James Yaden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Alice Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT James Yaden
(Address) 136 S Old Orchard Ave Webster Groves Mo.

15. FILED 4/8, 1931 Dr A. W. Westing, D. Orlock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 28th, 1931, to Apr 6, 1931, that I last saw her alive on Apr 6, 1931, and that death occurred, on the date stated above, at 1 — 1.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonsellar Abscess
12 days
Broncho Pneumonia
107A
115A (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 107A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Otto Dreabaugh, M. D.
Apr 6, 1931 (Address) 16 No Dore St Webster

*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 Oak Hill Cemetery — DATE OF BURIAL April 9 1931

20. UNDERTAKER Louis H Bopp — ADDRESS Kirkwood Mo.

WRITE PLAINLY, WITH UNFADING INK

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.

MAY 27 1931