

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.

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

Do not use this space.

23436

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City Saint Louis(No. 4418 a North Market St)

File No.

Registered No. 6934

St. Ward)

2. FULL NAMEEugenia Patton(a) Residence, No. 4418 a North Market St Ward. 11

(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**Col**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Widow**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Unknown**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Aug 5 1865**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

651016**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.

Housework

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

self. 225

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Abbeville South Carolina**10. NAME OF FATHER**Emanuel Wiedeman**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown South Carolina**12. MAIDEN NAME OF MOTHER**Mary Wiedeman**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

South Carolina**14.**

INFORMANT

(Address)

D. C. B. Hurst4322 a Boston Avenue**15.**

FILED

IN 24 1931

May 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 21 1931**17.**

I HEREBY CERTIFY, That I attended deceased from May 21/31, 1931, to June 21/31, 1931, that I last saw him alive on June 21/31, 1931, and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Rheumatic
Strophitis
131 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

131 (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) Chas. B. Hurst(Address) 4322 A Boston Ave

*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**Washington ParkJune 24 1931**20. UNDERTAKER**Charles J. GatoADDRESS 4107Lincoln

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