

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

Do not use this space.

10492

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1013**

City St Louis (No. 3205 = Potomac)

File No.

Registered No. **2556**

St. Ward)

2. FULL NAME Lillian Waiden

(a) Residence. No. 3205 = Potomac 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 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) Mar 27 / 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>11</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 244

(c) Name of employer

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

10. NAME OF FATHER John M. Waiden

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

12. MAIDEN NAME OF MOTHER Helena Nagel

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

14. INFORMANT Josie Waiden
(Address) 3205 = Potomac

15. FILED MAR 17 1932 Max C. Stander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932 to March 15, 1932 that I last saw h. or alive on March 15, 1932, and that death occurred, on the date stated above, at 9:59 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Regurgitation

(duration) 10 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis

(duration) 3 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH. no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF. no

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical - Urinalysis

(Signed) Arthur F. Rohlfing, M. D.

3/16, 1932 (Address) 306 N. Grand Bl.

*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 Bethania DATE OF BURIAL Mar 18 1932

20. UNDERTAKER Ziegenschneider Bros 2653 Cherokee St ADDRESS

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

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.

