

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

Do not use this space.

21306

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St Louis Mo** (No. **Mo Baptist Hosp**) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. **5863**  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** *Cecilia Todd*

(a) Residence, No. *Kirkwood Mo RR 13* Ward. *12*  
(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 <i>F</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Arthur Todd</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-7-1881</i>		
7. AGE	YEARS	MONTHS
<i>50</i>	<i>11</i>	<i>14</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>H. Work</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓ 2329</i>		
10. Date deceased last worked at this occupation (month and year) <i>928</i>		
11. Total time (years) spent in this occupation <i>1268</i>		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Mo 1-68</i>		
13. NAME <i>Key Longhiller</i>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Mo</i>		
15. MAIDEN NAME <i>Lillian Kingon</i>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Mo</i>		
17. INFORMANT <i>Milton Parker</i> (ADDRESS) <i>Kirkwood Mo RR 13</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Memorial Cem</i> DATE <i>6-24</i> 19 <i>37</i>		
19. UNDERTAKER <i>Louis H. B. B. B.</i> (ADDRESS) <i>Kirkwood Mo RR 13</i>		
20. FILED <i>N 22 1937</i>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-21-1937*

22. I HEREBY CERTIFY, That I attended deceased from *5/7-1937* to *6/21-1937*  
I last saw him alive on *6/21-1937* Death is said to have occurred on the date stated above, at *12 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Gangrene left foot and left leg due to diabetes Mellitus*  
Other contributory causes of importance: *59*

Name of operation *Amputation 2nd toe* Date of *5/19/37*  
What test confirmed diagnosis *Lab and U.S. P. 200* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_  
(Signed) *C. K. Hawkey*, M. D.  
(Address) *7219 Michigan St. Louis Mo*

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.

