

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

Do not use this space.

24436

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City..... ISOLATION HOSPITAL

File No.....
Registered No. 6561
St..... Ward.....

2. FULL NAME

Wilhemina M^c Gaudin
(a) Residence, No. 2526 Shelby St., 70 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 16, 1925</u>		
7. AGE	YEARS <u>7</u>	MONTHS <u>"</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School girl</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	13. NAME <u>Wm M^c Gaudin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Luba Gaudin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Dr. Foster</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>July 18, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>E. J. Schmitz</u>		
20. FILED <u>JUL 18 1932</u> <u>Wm E. Barker</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to July 16, 1932. I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:
Diphtheria, faucial & nasal
7-4
93A 10

Other contributory causes of importance:
Acute Toxic Myocarditis
7-14

Name of operation None Date of.....
What test confirmed diagnosis? Acute Cardiac Data 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....., 1932
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?
If so, specify.....
(Signed) John Eckenbomer, M. D.
(Address) ISOLATION HOSPITAL

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.

