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

Do not use this space.

27334

File No. .....

Registered No. 80

1. PLACE OF DEATH

96 County St Louis — Registration District No. 1160

10 Township Central — Primary Registration District No. 4470

5 City University (No. 700, Limit ..... St. ..... Ward)

2. FULL NAME Alice Hadley Louden

(a) Residence. No. 107 S. Aurora Str. St., ..... Ward. Collinsville, Ills.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

SEP 27 1932

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.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert S. Louden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1867

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 1 | 1 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Alton
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Wilbur C Hadley

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

12. MAIDEN NAME OF MOTHER Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Granite City
(STATE OR COUNTRY) Ills.

14. INFORMANT Edward Hadley
(Address) Collinsville Ill

15. FILED 8/29, 1932 Lena V. Moeller D. REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27th 1932

17. I HEREBY CERTIFY, That I attended deceased from 1929 to ....., 1932 to ....., 19.. that I last saw her alive on Aug 27, 1932 and that death occurred, on the date stated above, at 9:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Delatation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Gastritis

Chronic arteriosclerosis

..... (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?

(Signed) [signature] M. D.

8-29, 1932 (Address) Carleton Bldg

*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 Glenwood Cemetery Collinsville, Ills.

DATE OF BURIAL 8/30/32 19

20. UNDERTAKER Geo. M. Schroeppel

ADDRESS Collinsville Ill.