

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Central Hospital)

File No. 30876
 Registered No. 8590
 St. Ward)

2. FULL NAME

(a) Residence, No. St. 12 Ward. Festus mo
 (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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Austin Cadwallader</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20-1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>11</u>
	DAYS <u>5</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rush Tower, Mo</u>		
MOTHER	13. NAME <u>Unk</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk 31</u>	
	15. MAIDEN NAME <u>Unk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk</u>	
17. INFORMANT <u>Novel Cadwallader</u> (ADDRESS) <u>6737 Vernon ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus mo</u> DATE <u>Sept 27 1932</u>		
19. UNDERTAKER <u>Fink Chnd.</u> (ADDRESS) <u>Festus mo</u>		
20. FILED <u>SEP 25 1932</u> 19. <u>Way C. Stanley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932, to Sept 25, 1932
 I last saw him alive on Sept 24, 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
92A
92B
Mitral Insufficiency
92C
Chole cystitis 3 mo
 Date of onset 34yo

Other contributory causes of importance:
Chole cystitis 3 mo

Name of operation X Date of X
 What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 19.....
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Maurice Breed M. D.
 (Signed) Maurice Breed
 (Address) 306 N. Grand ave
Maurice

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.

