

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

Do not use this space.

7340

1. PLACE OF DEATH

County..... Registration District No. *113*
Township..... Primary Registration District No. *113*
City..... *St. Louis* (No.) *Mo. Baptist Hospital* St. Ward)

File No.
Registered No. **1288**
St. Ward)

2. FULL NAME

(a) Residence, No. *5078 Page Ave* St. *12* Ward.

(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>Male</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Maudie H. Cady</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 31, 1875</i>					
7. AGE YEARS <i>57</i>		MONTHS <i>3</i>		DAYS <i>4</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Clothing Salesman</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Famous Barr. Co.</i>					
10. Date deceased last worked at this occupation (month and year) <i>Jan 1933</i>			11. Total time (years) spent in this occupation. <i>17</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>					
13. NAME <i>Unknown Cady</i>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>					
15. MAIDEN NAME <i>Unknown</i>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>					
17. INFORMANT (ADDRESS) <i>Maudie H. Cady 5078 Page Ave</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lake Charles Cem</i> DATE <i>Feb 6</i> 19 <i>33</i>					
19. UNDERTAKER (ADDRESS) <i>Drehmann Haraal 2705 Union Blvd</i>					
20. FILED FEB -6 1933 <i>Max Staveland</i> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 4*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 29*, 19*33*, to *Feb 4*, 19*33*
I last saw him alive on *Feb 4*, 19*33* Death is said to have occurred on the date stated above, at *4:30 P.*
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
sclerosis of coronary arteries
Date of onset *1/29/33*

Other contributory causes of importance:
None

Name of operation *None* Date of.....
What test confirmed diagnosis? *None* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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) *Samuel B. Grant*, M. D.
(Address) *3720 Washington Blvd*

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.

1123

Frank
96 Aberdeen Pl
8³⁰ sharp

Handwritten scribbles and marks on the right side of the page.