

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

Do not use this space.

11736

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. ISOLATION HOSPITAL) St. Ward

File No.
Registered No. 2816
St. Ward

2. FULL NAME Delores M. Fadden

(a) Residence, No. 3837 Sepae St., 24 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 2, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra ormin.
5 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Missouri

13. NAME E. M. McFadden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Grace Fenter Mares

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Reona Burdett (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE Power No DATE 3-25-35

19. UNDERTAKER Boyer & Son (ADDRESS) 1212 Olive St. St. Louis

20. FILED R 24 1935 19 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1935

WHEREBY I CERTIFY, that I attended deceased from March 21, 1935, to March 23, 1935

I last saw her alive on March 23, 1935 Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

Tubercular meningitis Date of onset 3-4
Pulmonary TB
Tuberculosis

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury

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 E. ... (Address) ISOLATION HOSPITAL

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.

RECORD THIS IS A PERMANENT RECORD

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