

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

Do not use this space.

11879

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10003
 City St. Louis (No. 5800, Arsenal) St. 13 Ward

File No.
 Registered No. 3399
 St. Ward

2. FULL NAME

Sadie Tudor
 (a) Residence, No. 5800 Arsenal St. 13 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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 | 7 | 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Centralia Illinois

13. NAME Thomas Johnson

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

15. MAIDEN NAME Sarah (unknown)

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

17. INFORMANT (ADDRESS) Mrs. M. Gingers 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Francis DATE April 14, 1933

19. UNDERTAKER (ADDRESS) W. C. Blue 22 N. 2nd St.

20. FILED PR 13 1933 May C. Stedley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to April 10, 1933

I last saw him alive on April 10, 1933. Death is said to have occurred on the date stated above, at 6:50 a.m.

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

Pneumonia
131
131
131
 Other contributory causes of importance:
Chronic interstitial nephritis
Anemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify Pneumonia
 (Signed) Paul F. Max, M. D.
 (Address) City Hospital #1

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.

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 10
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