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.

FEB 27 1934

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

Do not use this space.

3262

File No.

Registered No. 922

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Home for the Aged. St. ..... Ward)

2. FULL NAME Ellen M. Laden

(a) Residence, No. 3400 So. Grand Blvd. St., 16 Ward.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1849.

7. AGE: Years 84 Months 4 Days 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) North Madra. Mo.

FATHER

13. NAME John J. Scott.

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

MOTHER

15. MAIDEN NAME Caroline Kieth.

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

17. INFORMANT Sister Seraphine
(ADDRESS) 3400 South Grand

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter and Paul PLACE DATE Jan. 26, 1934

19. UNDERTAKER J. H. Gebken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED ..... 19 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 24, 1934

I last saw her alive on Jan 24, 1934. Death is said to have occurred on the date stated above, at 11:55 P. m.

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

	Date of onset
Diabetes Mellitus	12/1/28
Other contributory causes of importance: Arteriosclerosis	1/24/33

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

(Signed) Thos. H. Barlow, M. D.

(Address) 3165 S. Grand