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.

APR 25 1934

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 File No. 10681

Township ..... Primary Registration District No. 1003 Registered No. 2505

City St. Louis (No. Isolation Hosp. St. ..... Ward)

2. FULL NAME Hilda Odell

(a) Residence, No. 1002 Hickory St., VV Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1932

7. AGE: YEARS 1 MONTHS 6 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Granite City Ill

FATHER

13. NAME Raymond Odell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville Mo

MOTHER

15. MAIDEN NAME Eula Pyatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville Mo

17. INFORMANT (ADDRESS) Grace Barrey 5600 Wrexell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sligo Mo DATE 3/14 - 1934

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1630 Missouri Ave.

20. FILED MAR 12 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1934, to Mar 11, 1934

I last saw her alive on Mar 11, 1934. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Measles — Date of onset 2-18

Bronchopneumonia

Other contributory causes of importance:

Otitis Media Bilateral

Vaginitis Non Specific

Name of operation None Date of

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) John Eschenbrenner, M. D.

(Address)