

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

Do not use this space.

27081

7315

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3323 St. Jefferson**) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. **3323 St. Jefferson 24** 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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1859 | | |
| 7. AGE YEARS 75 | MONTHS 1 | DAYS 19 |
| 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 | | |

| | |
|---|---|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio |
| | 13. NAME Wisely Sadwalden |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio |
| | 15. MAIDEN NAME Nancy M. Goate |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio |
| | 17. INFORMANT (ADDRESS) St. Thomas Jefferson |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE July 22 - 1934 | |
| 19. UNDERTAKER (ADDRESS) W. H. Bredeck | |
| 20. FILED July 2, 1934 | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23, 1934**
22. I HEREBY CERTIFY that I attended deceased from **July 19, 1934** to **July 23, 1934**
I last saw him alive on **July 23, 1934**. Death is said to have occurred on the date stated above, at **8:50 P.M.**

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108
131
108
Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**
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) **St. Thomas Jefferson**, M. D.
(Address) **3315 St. Jefferson Ave**

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.

ADG 16 1934

2735-2222

Registrar.

