

FEB 21 1935

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. 701
 Township Primary Registration District No. 1003
 City St. Louis, Missouri (No. 2024 Schaeffer Place) St. Ward) 787

File No. 3480Registered No. 7872. FULL NAME Mr. Carl Hadlock(a) Residence, No. 2024 Schaeffer Place St. 4 Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Mrs. Cora Aldridge Hadlock6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 17, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>40</u>	<u>4</u>	<u>3</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Clerk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Steel Company</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Plano,
(STATE OR COUNTRY) Illinois13. NAME Fred Hadlock14. BIRTHPLACE (CITY OR TOWN) Elgin,
(STATE OR COUNTRY) Illinois15. MAIDEN NAME Mary Gebhardt16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE January 23, 193519. UNDERTAKER Beiderwied Funeral Home
(ADDRESS) 1936 St. Louis20. FILED 21 19 35
J. B. Beck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 19 3522. I HEREBY CERTIFY, That I attended deceased from
Dec. 27, 1934, to Jan. 20, 1935I last saw him alive on Jan. 20, 1935 Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Acute broncho-pneumonia Date of onset 12/20/34Other contributory causes of importance:
Acute myocarditis 1/19/35Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no23. 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? No

If so, specify

(Signed) A. J. Murphy, M. D.(Address) 7185 Manchester Rd.

7185a

9-10:50

2-3:30

9-2045