

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

Do not use this space.

APR 9 1935

**791
1003**

10665

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis, Mo.* (No. *5318*), *Arlington Ave*

File No.....
Registered No. *2282*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *5318* *Arlington* St., *6* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>the late Charles Fay Kelday</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>November 19-1853</i>		
7. AGE <i>81</i>	YEARS <i>3</i>	MONTHS <i>18</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>Housework</i>
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 8th*, 19*35*

22. HEREBY CERTIFY, That I attended deceased from *July*, 19*34* to *Mar. 8*, 19*35*
I last saw her alive on *Mar. 7*, 19*35*. Death is said to have occurred on the date stated above, at *12:15 p.m.* m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset *Don't know*

Other contributory causes of importance: *93C*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
13. NAME	<i>Not Known</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
15. MAIDEN NAME	<i>Not Known</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
17. INFORMANT (ADDRESS)	<i>M. Louis Furdleday 5318 Arlington Ave</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	<i>Coalway March 11th 1935</i>
19. UNDERTAKER (ADDRESS)	<i>Henry Leidner Und. Co. 1417 N. Market St.</i>
20. FILED	<i>MAR - 9 1935 J.F. Bredeck Registrar.</i>

Name of operation *none* Date of.....

What test confirmed diagnosis? *Clinical* 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? *no*
If so, specify.....
(Signed) *Roland R. Menown*, M. D.
(Address) *5330 Geraldine Dr*

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.

53.30 *Heraldine Aull.*