

JUN 13 1935

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

Do not use this space.

17962

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St. Louis mo. Christian Hosp*

File No.....
Registered No. **4280**
St. Ward)

2. FULL NAME

(a) Residence, No. *200 N. 2nd Columbia, Ill.* St., *NR* Ward. *Columbia, Ill.*
(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>Divorced</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF <i>Mr. Mrs. Leming</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 15, 1888</i>		
7. AGE YEARS <i>47</i>	MONTHS <i>2</i>	DAYS <i>17</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 2 1935*, 19

22. I HEREBY CERTIFY that I attended deceased from *April 18*, 1935, to *May 2*, 1935.
I last saw her alive on *May 1*, 1935. Death is said to have occurred on the date stated above, at *5:15* a.m.
The principal cause of death and related causes of importance were as follows:
*Chronic gonemular nephritis
Hypertension
Calcarea hypertrophy
Anemia.*

Other contributory causes of importance: *131*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springtown Ill.*

13. NAME *John Cronquist*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo. St. Charles*

15. MAIDEN NAME *Secretia Quick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo. St. Louis*

17. INFORMANT *Arthur Cronquist*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Frederick* DATE *5/4*

19. UNDERTAKER (ADDRESS) *Chas. Brock*

20. FILED *MAY 13 1935*

J. Bredeck Registrar.

Name of operation *Chinical* 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? *No*
If so, specify.....
(Signed) *Charles W. Auden*, M. D.
(Address) *3720 Washington Blvd.*

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.

