

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

Do not use this space.

FEB 11 1936

791

1. PLACE OF DEATH

County..... Registration District No. **1002**
Township..... Primary Registration District No. **1002**
City **St. Louis** (No. **Barnes Hoop**) St. _____ Ward _____

File No. **42025**
Registered No. **975**
St. _____ Ward _____

2. FULL NAME

Princess Veronica Inaell

(a) Residence, No. **2919 Lucas** St., **21** 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 F	4. COLOR OR RACE col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS 35	MONTHS	DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
	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) **Montana**

13. NAME **John Redcloud**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Montana**

15. MAIDEN NAME **Red Cloud**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Montana**

17. INFORMANT **L. Casteel**
(ADDRESS) **Barnes Hoop**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington U.** DATE **1-8-36**

19. UNDERTAKER **Walter Richter**
(ADDRESS) **3500 Rutger St**

20. FILED **JAN 27 1936**
J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 29, 1935**, to **Dec 13, 1935**.
I last saw her alive on **Dec 13, 1935**. Death is said to have occurred on the date stated above, at **6:30 a.m.**
The principal cause of death and related causes of importance were as follows:

T. Myotaxiosis Date of onset **1932**

666

Other contributory causes of importance:
Cardiac failure

Name of operation **Sub-total thyroidectomy** Date of **12-13-35**
What test confirmed diagnosis? _____ 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) **FR Bradley**, M. D.
(Address) _____ **EARNES HOSPITAL**

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.

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