

APR 25 1936

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

1. Do not use this space.

13600

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 1170

File No. _____

Primary Registration District No. 62484Registered No. 91(No. St. Marys Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. 3651 - St. Humphrey 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 19365A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Parker22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936, to March 30, 1936I last saw her alive on March 29, 1936 Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1889to have occurred on the date stated above, at 2:15 p.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 8 1

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at homeInfluenza A Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

bronchial

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

acute pneumonia 3-28-3612. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MoOther contributory causes of importance: Influenza 3-21-3613. NAME John LydonName of operation none Date of _____14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IndianaWhat test confirmed diagnosis? X-ray Was there an autopsy? yes15. MAIDEN NAME Laura Ledgerwood

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriAccident, suicide, or homicide? _____ Date of injury none 19 _____17. INFORMANT Edward Parker (ADDRESS) 3651 St. Humphrey

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE April 3 1936Specify whether injury occurred in industry, in home, or in public place. none19. UNDERTAKER Wacker, Helder (ADDRESS) 2330 S. Broadway

Manner of injury _____

20. FILED 3/31 1936 Tertrude Voster Registrar.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify _____

(Signed) W. H. Cletters, M. D.(Address) 906 Carleton Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Mr. J. Clinton