Coroner's Inquest. **MISSOURI STATE BOARD OF HEALTH**
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937

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1008

1. PLACE OF DEATH
96 County 3422 Vista. St. Louis, Mo. Registration District No. 1008
30 Township ..... Primary Registration District No. 2
9 City ..... (No. 3422 Vista St. ..... Ward)

File No. 3700
Registered No. 735

2. FULL NAME Catherine Padgett
(a) Residence, No. 3422 Vista St., 18 Ward. 1
(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 F.
4. COLOR OR RACE #.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. Padgett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1853

7. AGE 83 YEARS MONTHS 1 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 225
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) Mascoutah Ill 2

FATHER
13. NAME William Hitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER
15. MAIDEN NAME Jane Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Mrs. Gertrude Hamilton 3422a Vista

18. BURIAL, CREMATION, OR REMOVAL
PLACE Okawville, Ill DATE Jan. 20 1937

19. UNDERTAKER (ADDRESS) Sullivan Undertakers 2849 No. Euclid

20. FILED JAN 18 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:40 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Haemorrhage

82a

Other contributory causes of importance:

Arterio-sclerosis

Name of operation ..... 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) Joseph M. Queen, M.D.
(Address) Deputy Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD