

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
163 County Stoddard Mo. Registration District No. 838
Township Rock Creek Primary Registration District No. 609 B
City St. Louis (No. 2) St. _____ Ward _____

2. FULL NAME Otto E. Cuidon

(a) Residence, No. _____ St. _____ 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.

File No. 4629
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed Male Cuidon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
56 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None taken of

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

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) St. Louis, Mo.

MOTHER FATHER
13. NAME Cuidon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
15. MAIDEN NAME Pauline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Ellis G. Huntington
(ADDRESS) 2504 E. ...

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sudley DATE _____

19. UNDERTAKER Blankenship Slickland
(ADDRESS) 2504 E. ...

20. FILED 2-9, 1937 Miss M. B. Gammel
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 23, 1937 - 4 P.M. 19...
I last saw him alive on _____, 19... Death is said to have occurred on the date stated above, at _____ a. m.

The principal cause of death and related causes of importance were as follows:
Exposure - probably
propaganda

Other contributory causes of importance NO

Name of operation _____ Date of _____
What test confirmed diagnosis August Was there an autopsy? _____

23. If death was due to external cause (violent) fill in also the following:
Accident, gunshot, falling, other 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? _____
If so, specify _____
(Signed) John Wilson, M. D.
(Address) Corcoran
St. Louis, Mo.

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.

