

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis, Mo. (No.)

St. Mary's Infirmary

791

1003

File No.....

10838

Registered No.....

3412

St.

Ward)

2. FULL NAME Caldonia Drasdell(a) Residence, No. 1021 N. 21st St., 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

William Drasdell

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

Nov 25 - 1908

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or, min.

3528229

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

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

at home

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)

Galloway Tenn.

13. NAME

Edmund Flippins

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

Oakland Tenn.

15. MAIDEN NAME

Sade Watson

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

Oakland Tenn.

17. INFORMANT (ADDRESS)

Samuel Flippins
Leveroy Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. George's Church DATE March 26, 1937

19. UNDERTAKER (ADDRESS)

St. Mary's Infirmary
2205 Maple St. St. Louis, Mo.

20. FILED

MAR 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 19 3722. I HEREBY CERTIFY, That I attended deceased from August 20, 1936, to March 24, 1937I last saw her alive on March 24, 19 37 Death is saidto have occurred on the date stated above, at 10:35 P.m.

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

Multiple nephritic abscess

Date of onset

Other contributory causes of importance:

Menstrual
Erosions of urethra and bladder and
Venico vaginal fistula due toName of operation amputation of uterus to colon (Date of 2-11-37)What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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?.....

If so, specify.....

(Signed) A. C. Bythewood, Jr. M. D.(Address) St. Mary's Infirmary, 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.

899

DEC 13 1950

DEC 11 1950