

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship ClaytonCity Clayton (No.)Registration District No. 790Primary Registration District No. 6033^e
St. Louis County HospitalFile No. 13468Registered No. 96
St. Ward)2. FULL NAME Mildred Margaret Freday(a) Residence, No. St., Ward. Florissant, Missouri
(Usual place of abode)

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

Female

4. COLOR OR RACE

White

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

Married

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

Floyd L. Freday6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th, 1911

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

261123

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.

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)

Hannibal, Missouri

MOTHER FATHER

13. NAME Merrill Gordy

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

Missouri15. MAIDEN NAME Mildred Canaberry

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

Unknown17. INFORMANT Floyd Freday
(ADDRESS) Florissant, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal, Mo. DATE March 12th 19 3719. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue.20. FILED 3/9 127 Dr. J. Squorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th 193722. 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 6:30 A.M.

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

Sum of its liver, Non malignant
Date of onset

Other contributory causes of importance:

Name of operation biopsy Date of.....
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? No

If so, specify.....

(Signed) John S. Howell M. D.(Address) Florissant, Missouri

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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