

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City **St. Louis**

(No. **City Hospital No. 1**)

791

1008

File No.

Registered No.

22122

5874

C 1830

2. FULL NAME

Ola M. Duddleston

(a) Residence, No. **3733 Lindell** St., **19** Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **5 yrs. 6 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) **6/15/37** 19

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

22. I HEREBY CERTIFY That I attended deceased from **5/7/37** 19 to **6/15/37** 19

I last saw her alive on **6/15/37** 19 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 25, 1860**

to have occurred on the date stated above, **12:05 a.m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **67 1 21**

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

Tubes Dorsalis
Acute Hemorrhagic
Cystitis cerebral

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

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 **80**

Date of onset

Other contributory causes of importance:

Subelected Decubitus Ulcer
Old Cerebral Apoplexy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

Name of operation

What test confirmed diagnosis?

Was there an autopsy? **Yes**

13. NAME **Wm. M. Morris**

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

15. MAIDEN NAME **Ola Vonitzer**

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

17. INFORMANT **Hosp Iffo M Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **East St. Louis** DATE **June 15, 1937**

19. UNDERTAKER **Wiedefeld Funeral Home**

(ADDRESS) **East St. Louis, Mo.**

20. FILED **JUN 13 1937**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **W. Jones** M. D.

(Address) **City Hospital No. 1**

Registrar.

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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