

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

Do not use this space.

SEP 10 1937

29147

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 3801 Gravois Ave.)

File No.

Registered No. 7780

St. Ward)

2. FULL NAME

Rose Mawdsley

(a) Residence, No. 3801 Gravois Ave., St.

(Usual place of abode)

16 Ward.

(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

Female

4. COLOR OR RACE

White

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

Single

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

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

May 14, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

3

3

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

At Home

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)

Duquoin Ills.

FATHER

13. NAME

Edward Richard Mawdsley

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

St. Louis Mo.

MOTHER

15. MAIDEN NAME

Julia Graham

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

St. Louis Mo.

17. INFORMANT (ADDRESS)

Sister Mary of St. Francis Xavier 3801 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Aug. 19, 1937

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. F

AUG 18 1937

19

J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from

August 14, 1937, to Aug 16, 1937

I last saw her alive on August 16, 1937. Death is said

to have occurred on the date stated above, at 11:40 P.M.

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

Central Emorrhage
Myocarditis Chronic
Hypertension

Date of onset 8-13-37

Other contributory causes of importance:

Obesity
Coronary atherosclerosis

Name of operation

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?

If so, specify

(Signed) Paternis Beau, M. D.

(Address) Beaumont Bldg.

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

2-1-11

