

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32334

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....*St. Louis*
 (d) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No.

Primary Registration District No.

(d) Street No. *City Hospital*

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *2127 Adelaide Ave.*

(Usual place of abode, if no street address, write county or city)

[9]

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 2, 1901*

7. AGE

YEARS

MONTHS

DAYS

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

*36**7**2*

OCCUPATION

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

Welder, Fisher

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

Body Co.

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)

Tenn.

FATHER

13. NAME *Sam'l J. Ledgerwood*

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

Tenn.

MOTHER

15. MAIDEN NAME *Louise Irwin*

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

*Tenn.*17. INFORMANT (ADDRESS) *Miss Rose Depenbrock 2127 Adelaide Ave.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Knoxville, Tenn.* DATE *Sept. 4, 1937*19. FUNERAL DIRECTOR (ADDRESS) *Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.*

20. FILED

*SEP 7 1937**J. B. Bredeck*

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 4, 1937*22. I HEREBY CERTIFY, That I attended deceased from *Aug 31* 19*37*, to *Sept 4* 19*37*I last saw him alive on *Sept 4* 19*37*. Death is said to have occurred on the date stated above, at *11:20 A.M.*

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

Date of onset

Cellulitis of face probably Results of picking pimples on face

Other contributory causes of importance:

*Pneumonia -*Name of operation *none* Date of.....What test confirmed diagnosis? *→* 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) *J. M. Lydig*....., M. D.(Address) *City Hosp*

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur J. Donnelly, Licensed Embalmer No. 3667

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Arthur J. Donnelly

Licensed Embalmer No. 3667

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)