

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

32371

Do not use this space.

8425

Registered No.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 2150 Mc Causland Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret L. McLeod

- (a) Residence, No. 2150 Mc Causland Ave. St. 4
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry McLeod
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1860.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 77 1 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK
 9. Industry or business in which work was done, as 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) Valley Forge
 (STATE OR COUNTRY) Missouri.

13. NAME Sidney Rudy
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elizabeth Hinds

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

17. INFORMANT J. Hol. Dodson
 (ADDRESS) 2150 Mc Causland Ave., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park Cem. DATE Sept. 8, 1937

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
 (ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FIED SEP 7 1937 J. B. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1937 to Sept. 5, 1937

- I last saw h. alive on Sept. 4, 1937 Death is said to have occurred on the date stated above, at 11:00 A.M.

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

- Edema of lungs
Sept. 5, 1937

- Other contributory causes of importance:
nephritis acute
fibroid
non malignant

- Name of operation.....
 What test confirmed diagnosis? urinalysis

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) J. B. Bredeck M. D.
 (Address) 2816 S. 16th St.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)