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.

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

Do not use this space 1102

1. PLACE OF DEATH FEB 12 1938

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 958

(c) City Saint Louis (d) Street No. Missouri Baptist Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Elizabeth Todd, 300

(a) Residence, No. 5669 Cabanne Avenue. St. 5
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1911

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
27	--	18	

OCCUPATION

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

9. Industry or business in which work was done, as 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 COUNTY) Missouri.

FATHER

13. NAME D. C. Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Missouri.

MOTHER

15. MAIDEN NAME Elizabeth MacFate,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pa.

17. INFORMANT D. C. Todd, M. D.
(ADDRESS) 5669 Cabanne Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 27, 1938

19. FUNERAL DIRECTOR Craig Undertaking Co.,
(ADDRESS) 4468 Washington Blvd.

20. FILED JAN 26 1938 19.... J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1938.

22. 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 8:30 A.M.

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

Date of onset

Burns of entire body;
Lobar Pneumonia; When her clothing caught fire in her home - how undetermined, on Jan. 7, 1938, about 7:30 A.M.

Other contributory causes of importance:
No Damage to Building.

Name of operation ..... Date of .....

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? Accident Date of injury 1/7, 1938

Where did injury occur? St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury .....

Nature of injury See Above

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

If so, specify .....

(Signed) Alfred J. Terry M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281

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 Philip M. Craig

Licensed Embalmer No. 3281.

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