

REC'D MAY 10 1938

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

13069

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **City Hospital #1** 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.

Registered No. **3673****2. PRINT FULL NAME**

Louisa Maddox 320
 (a) Residence, No. **1941 N. 9th Street** St. **26**
 (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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12/9/1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 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 COUNTRY) **Mo.**13. NAME **Samuel Woodridge**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**15. MAIDEN NAME **Eliz. Hogan**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**17. INFORMANT (ADDRESS) **Hosp. info. M. Williams City Hospital #1**18. BURIAL, CREMATION, OR REMOVAL PLACE **Thayer, Mo.** DATE **4/20/38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Mullins Bros Inc 425 E. Leavelle Blvd.**20. FILED **APR 20 1938** **J. D. Bredner** Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/18/38** 1922. I HEREBY CERTIFY, That I attended deceased from **4/16/38**, 19, to **4/18/38**, 19.I last saw her alive on **4/18/38**, 19. Death is said to have occurred on the date stated above, at **4:05 P.M.**

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

*Arteriosclerotic
 Anemia of
 Ascending Aorta*

Other contributory causes of importance:

Lobar pneumonia

Name of operation Date of operation **Yes**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 **Richard P. Vieth**, M. D.(Signed) **Richard P. Vieth**, M. D.(Address) **1515 Lafayette**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Rex C. Campbell # 3881, or by

Registered Apprentice No....., working under my personal supervision.

Signed *Rex C. Campbell*

Licensed Embalmer No. *3881*

P. O. Address *St. Louis, MO*

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.)

If this body is not embalmed, above space should be left blank.