

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50-N-700-57 I X12004

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.

1938

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29,996
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 3
(b) Township St. Louis 1
(c) City Riverside
(d) Street No. 784 Mother of Good Council Home 1448
300 1/2 Northland Registration District No. 1448
6808 N. Ch. Ridge Primary Registration District No. 1448
(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

Elizabeth Vodde 3A-1
(a) Residence, No. 4973 Northland St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Vodde
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 92 5 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Hse work
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) Germany 6

FATHER 13. NAME Jacob Wagner 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Barbara Wagner

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

17. INFORMANT (ADDRESS) Mrs John Snyder
4973 Northland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 9/2 38

19. FUNERAL DIRECTOR (ADDRESS) Sullivan
3845 No Euclid
D.R. Meyer, M.D. Dep't

20. FILED SEP - 1 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1938 to Aug. 25, 1938

I last saw her alive on Aug. 25, 1938 Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Chr. Arteriosclerosis.
Chr. myocarditis.
Senile type.
Chr. interstitial nephritis.

Date of onset 9.

Other contributory causes of importance: 121
Extreme senile Age 92 yrs.
Myocardial collapse, 2 day
This patient entered Home of incurables March 18, 1938

Name of operation None Date of ---
What test confirmed diagnosis? History Was there an autopsy? no
and clinical

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) Sullivan M.D. (Address) 3718 Juniper, St. Louis

Mr. General Hoop
1871 Ridge & Jennings Rd

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Albert Mayfield
Licensed Embalmer No. 3077

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.)