

REC'D NOV 16 1938

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

33995
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **8984**
(c) City **St. Louis** (d) Street No. **Desloge 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 **Lena Doody**

(a) Residence, No. **3536 Humphrey Street** St. **16**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edw. P. Doody**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 28, 1858**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **80 0 15**

OCCUPATION 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 (year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Trinway, Ohio**

FATHER 13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Edw. P. Doody 3536 Humphrey Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Oct. 15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. J. Robert 1905 So. Grand Blvd.**

20. FILED **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 13, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 7, 1938** to **Oct 13, 1938**
I last saw her alive on **Oct 12, 1938** Death is said to have occurred on the date stated above, at **9:15 A. M.**

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

Arteriosclerotic Heart Disease
Senility
Fracture of Left Hip
Date of onset **10/10/38**

Name of operation **None** Date of **None**
What test confirmed diagnosis? **all** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Creel** Date of injury **9/17, 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 **falling in home**
Nature of injury **falling on floor while walking**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **None**
(Signed) **J. Bredeck** M. D.
(Address) **458 Humboldt Bldg.**

OCT 14 1938

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,, 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.

Robert
509

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.)