

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.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 2013
City St. Louis (No. St. Johns Hospital)

3889

File No.
Registered No. 852 Ward

2. FULL NAME

(a) Residence, No. 5956 Kennedy Ave. St. 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Elwood (STATE OR COUNTRY) Indiana

13. NAME Richard Oldham

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) England

15. MAIDEN NAME Eliza Tagg

16. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

17. INFORMANT Mrs. Wm. E. Houghton (ADDRESS) 5956 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE Jan. 24, 1933

19. UNDERTAKER Geo. L. Pfeiffer, Inc. (ADDRESS) 5966 East 1st Ave.

20. FILED JAN 24 1933 Max C. Staveland Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov. 22, 1932 to Jan. 22, 1933

I last saw her alive on Jan. 22, 1933. Death is said to have occurred on the date stated above, at 11.0 A.M.

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

Acute myocarditis Date of onset 1/18/33

Other contributory causes of importance: Pan hysterectomy for large fibromata uteri Benign 1/18/33

Name of operation Pan hysterectomy Date of 1/18/33

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? 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) Percy H. Swahlen M. D.
(Address) Metropolitan Bldg, St. Louis

St Annen Hosp-
126610
