96
4 1930

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

Do not use this space.

41996

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 784 — File No.:

Township: St. Ferdinand — Primary Registration District No.: 6030 — Registered No.:

City: (No. 5714 Hodiamont Ave St. Ward)

2. FULL NAME Coleen Shiadek

(a) Residence. No. 5714 Hodiamont St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1929

7. AGE: Years | Months: 1 | Days: 23 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Shiadek
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Minn.
12. MAIDEN NAME OF MOTHER Alveretta McClendon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Joseph Shiadek
(Address) 5714 Hodiamont Ave

15. FILED Jan 9, 1930 Otto N. Schudde
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1925

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 5 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia

10 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) John S. Connell, M. D
12/5, 1929 (Address) Forest of St. Louis County

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters Cem.
DATE OF BURIAL: 12-7 1929

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton Ave

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.