MAR 28 1930

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

Do not use this space.

6326

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 — Registered No. 36
City Richmond Ht Mo (No. St Mary Hospital St. Ward)

2. FULL NAME Margaret Stout
(a) Residence. No. 2822a Indiana St., Ward. St Louis Mo
(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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 21st 1895

7. AGE: Years 34 — Months 5 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Charles Ludwig
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Julia Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ills.

14. INFORMANT: Elmer Stout
(Address) 2822 Indiana Av.

15. FILED 2/21, 1930 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 20 1930

17. I HEREBY CERTIFY, That I attended deceased from February 18th, 1930, to February 20, 1930 that I last saw her alive on February 20, 1930, and that death occurred, on the date stated above, at 2 55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(Double).
(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY): Premature Delivery 8 months gestation on February 20th 1930 at 2 a.m.
(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? X Ray. - Exam. -

Feb. 21st, 1930 (Signed) Albert Beisbarth, M. D
(Address) 3548 S. Grand Bl

*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: Calvery Cemetery — DATE OF BURIAL: Feb 24 1930

20. UNDERTAKER: J H Gibbons 2630 Gravois Av — ADDRESS

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.

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

3348 [illegible] Sa. [illegible]

10-12