

AUG 18 1936

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.

Township

Primary Registration District No.

City, St. Louis, Missouri, No.City Hospital No. 1B. 3299

Ella Eldridge

2. FULL NAME

5131 Daggett

(a) Residence, No.

St.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Edward Eldridge

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

Jan 1, 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

52

6

28

day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

hwk

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.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)

St. Louis, Missouri

13. NAME

Hana Peterson

FATHER

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

Denmark

15. MAIDEN NAME

Meta Peterson

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

Denmark

17. INFORMANT

Hosp. Info. H. Kent

(ADDRESS)

City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Peter, DATE Aug 1, 1936

19. UNDERTAKER

(ADDRESS)

Paul C. Balcastera
5142 Daggett Ave

20. FILED

JUL 30 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/29/36

, 19.....

22. I HEREBY CERTIFY, That I attended deceased from

7/24/36

, 19.....

to 7/29/36

, 19.....

I last saw him alive on 7/29/36, 19..... Death is said

to have occurred on the date stated above, at 6:45 p

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

Carcinoma of
pancreas &
metastasis to
liver, spleen
and lung

Date of onset

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy?.....

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?

If so, specify

(Signed)

City Hospital No. 1

M. D.

(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.

