FILED AUG 14 1942

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23203

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6624

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County 999

(c) City or town PARAGOULD 3NR
(If outside city or town limits, write "RURAL")

(d) Street No. E. LAKE ST
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Earline Vaden

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUEWL SAMUEL VADEN

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June (Month) 15 (Day) 1921 (Year)

8. AGE: Years 21 Months 1 Days 20 If less than one day hr. min.

9. Birthplace PARAGOULD (City, town, or county) ARK. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ~~Joseph Reddick~~

FATHER
12. Name JOSEPH REDDICK
13. Birthplace PARAGOULD (City, town, or county) ARK. (State or foreign country)

MOTHER
14. Maiden name LILLIE MANGRUM
15. Birthplace PARAGOULD (City, town, or county) ARK. (State or foreign country)

16. (a) Informant Rueal Samuel Vaden
(b) Address Paragould Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark

18. (a) Signature of funeral director Albert H. Hopper Inc
(b) Address 4700 Washington Ave

19. (a) AUG 5 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5. year 1942 hour 11:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 21, 1942, to Aug. 5, 1942; that I last saw her alive on Aug. 5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Miscarriage - July 1 (History)

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. Alan McAfee (M. D. or other)
Address 1515 Lafayette Date signed 8/5/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.