

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7634

1 PLACE OF DEATH

County MuhlenbergVol. No. So. CarrolltonIno. Town St. LouisCity St. Louis

Registration District No.

Registration District No. 1083

(No. St. Ward)

File No.

Registered No. 79

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

3 FULL NAME Emma Padine

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)6 DATE OF BIRTH July 22, 1890
(Month) (Day) (Year)7 AGE 27 yrs. 6 mos. 17 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. at home
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Lebanon Ky10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (State or country) Don't know12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Carbin(Address) So. L. Carrollton15 Filed Mar 12, 1925 Wethers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 11, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1925 to Mar 11, 1925 that I last saw her alive on Mar 11, 1925 and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Age

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. R. Barnes, M. D.Mar 11, 1925 (Address) So. Carrollton

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL So. Carrollton DATE OF BURIAL Mar 12, 192520 UNDERTAKER Ed George ADDRESS Greenmill

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

B. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly recorded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.