APR 27 1927

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

Do not use this space.

9568

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1160 — File No. 26

Township: Central — Primary Registration District No. 4470 — Registered No.

City: ~~St. Louis Mo.~~ University City (No. Parkview Christian Old Folks Home St. ..... Ward)

2. FULL NAME: Adeline Sefton

(a) Residence. No. 3414 So. Jefferson 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9 - 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	26.	

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) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER: Elvis Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT: Rolla Sefton
(Address) 3414 So. Jefferson ave.

15. FILED: March 7, 1927. Leo P. Fitzgerald M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 5 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1927, to Mar 5, 1927, that I last saw her alive on Mar. 4, 1927, and that death occurred, on the date stated above, at 2:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

1290

(duration) (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Mitral Regurgitation

(duration) (?) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

3/5, 1927 (Signed) T. Chyars, M. D.
Address University Club Bldg

*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	DATE OF BURIAL
Flora Ill.	Mar. 7 - 1927.

20. UNDERTAKER	ADDRESS
Ziegenheim Bros.	2623 Cherokee

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.