

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

Do not use this space.

34541

1. PLACE OF DEATH

County St. Louis
 Township Highwood
 City Highwood (No.) (St. Ward)

Registration District No. 785
 Primary Registration District No. 3037

File No.
 Registered No. 201

2. FULL NAME

Adaline Roels
 (a) Residence. No. 696 W. WASHINGTON

Ward. KIRKWOOD MO.
 (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)

Widowed

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

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

June 20 1850

7. AGE

YEARS	MONTHS	DAYS
<u>77</u>	<u>4</u>	<u>6</u>

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Stenographer
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Menasha

(STATE OR COUNTRY)

Wisconsin

10. NAME OF FATHER

Henry Feltman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Catherine Hehl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

Informant Mrs. H. J. Rust
 (Address) Highwood Ill.

15.

Filed 12/10/27 C. E. Barnett, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927, to Nov 14, 1927 that I last saw h. de. alive on Nov 13, 1927, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy cerebral
 (duration) yrs. mos. 7 ds.
 CONTRIBUTORY (SECONDARY) Chr. Bronchitis
 (duration) 1 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.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Nelson J. Hamilton, D.

Nov 14, 1927 (Address) 5321 Easton, St. Louis

*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

Pekin Ill Nov 18 1927

20. UNDERTAKER

ADDRESS

Biederweiden St. Louis

K. 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.

MISSOURI STATE BOARD OF HEALTH

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