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

Do not use this space.

35259

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10438

City St Louis (No. St Johns Hospital St. ..... Ward)

**2. FULL NAME** Jean Louise Accola

(a) Residence No. 2711 So 59th St. St., 17 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3rd 1927

7. AGE: Years — Months — Days 18 If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Roy Accola
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Edna Kendle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT R. Accola
(Address) 2711 So. 59th St

15. FILED NOV 22 1927, 19 Mark Starkcoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1927, to Nov. 21, 1927 that I last saw her alive on Nov. 20, 1927, and that death occurred, on the date stated above, at 12 45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature 27 weeks
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) 161 Unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ~~St Joh~~

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) J. P. Hemerich Jr, M. D

Nov. 21, 1927 (Address) 6200 Columbia

*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: Park Lawn
DATE OF BURIAL: Nov. 22 1927

20. UNDERTAKER: Wm. F. Paschedag
ADDRESS: 2825 No Grand Rd

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.