

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

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.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19319

1. PLACE OF DEATH

County.....  
Township.....  
City.....*St. Louis*

Registration District No. *791*  
Factory Registration District No. *1003*  
Hospital # *21*

File No.....  
Registered No. *5753*  
St. .... Ward.....

2. FULL NAME

(a) Residence. No. *16 Johnson* St., *25* Ward.

Length of residence in city or town where death occurred *30* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Col.* 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) *April 15, 1876*

7. AGE YEARS *52* MONTHS *0* DAYS *28* If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housework* (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) *Mo.*

10. NAME OF FATHER *Tobias Adams*

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

12. MAIDEN NAME OF MOTHER *Mary Youngston*

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

14. INFORMANT (Address) *Anna T. Woodard City Hospital #21*

15. MAY 28 1928 FILED *May E. Hanker* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 12, 1928*

17. I HEREBY CERTIFY That I attended deceased from *5/9*, 19*28*, to *5/13*, 19*28*, that I last saw her alive on *5/13*, 19*28*, and that death occurred, on the date stated above, at *11:40 a. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS: *Coronary myocarditis*  
*93*  
*index 90 B*  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *Not known* IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical* (Signed) *R. S. Howell*, M. D. , 19 (Address) *City Hospital #21*

\*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 *St. Louis* DATE OF BURIAL *5/17 28*

20. UNDERTAKER *W. Richter* ADDRESS *3500 Rutger*

