

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.

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

Do not use this space.

21805

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
Township Central Primary Registration District No. 6248 H Registered No. 143  
City Richmond St. Mary's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Adelaid D. Marien  
(a) Residence. No. 3539 Connecticut St. \_\_\_\_\_ Ward. St. Louis, Mo.  
(Usual place of abode)  
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)

Married

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

Charles A. Marien

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

Jan. 25-1876

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

52

4

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

Housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Missouri

10. NAME OF FATHER

Wm. Kennel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Missouri

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

" "

14.

INFORMANT  
(Address)

Charles A. Marien  
3539 Connecticut

15.

FILED

6/18, 1928

Lo B Jensen

REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

June 14 1928

17.

I HEREBY CERTIFY That I attended deceased on April 19, 1928 to June 14, 1928  
that I last saw him alive on June 14, 1928 and that death occurred, on the date stated above, at 10.05 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Empyema of Gall bladder & Gallstones  
108

126 127A 01A (duration) yrs. 2 mos. ds.

CONTRIBUTORY Septic shock & pneumonia bilateral  
(SECONDARY)

Multiplesclerosis of left lung (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10 Did an operation precede death? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? Original X Ray & Pathology

(Signed) Chas. B. Heinsch, M. D.

Address 3232 Lafayette

\*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

Fun. Set Burial Park June 18 1928

20. UNDERTAKER

ADDRESS

Hauke & Schmitt J. Grand

