

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

Do not use this space.

31605

1. PLACE OF DEATH

County St. Louis
Township CARONDEL 7
City

Registration District No. 1123
Primary Registration District No. 6248
(No. 347 Hoffmeister Avenue)

File No.
Registered No. 304
St. Ward

2. FULL NAME

William Ade.
(a) Residence No. 1841 S. 14 Street St. St. LOUIS Mo. No.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Maragret Ade

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7. 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night-watchman
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT Nisde Gannp
(Address) 4303 Minnesota Avenue

15. Sept 10 FILED L. C. Obrock, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/13, 1928, to 9/9, 1928 that I last saw him alive on 8/18/1928 and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* AS FOLLOWS:

Arterial fibrillation

CONTRIBUTORY (SECONDARY) Chronic myocarditis

18. WHERE WAS DISEASE CONTRACTED 90 B
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiograph
(Signed) Sawthorne J. Gille, M.D.

9/10, 1928 (Address) 1536 Papin.

*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 SS. Peter & Paul Cemetery DATE OF BURIAL Sept. 11 1928

20. UNDERTAKER J. N. Gebhard & Sons Co ADDRESS 42 Meramec

N. R.—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.

