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

Do not use this space.

43625

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 12947

Township..... Primary Registration District No. 1003 Registered No. 12947

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Adeline Meredith

(a) Residence. No. 614 N. Beaumont St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	5	15	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER "

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

14. INFORMANT Louis H. Kohler
(Address) 5300 Arsenal

15. FILED DEC 31 1928, 19 Max C. Starkeyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/26/28 19

17. I HEREBY CERTIFY, That I attended deceased from 7/21/25, 19..., to 12/25/28, 19..., that I last saw her alive on 12/25/28, 19..., and that death occurred, on the date stated above, at 1:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

23A

(duration) ..... yrs. 1 mos. 21 ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Louis H. Kohler, M. D.

12/26/28, 19 (Address) 5300 Arsenal

*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 Washington U. DATE OF BURIAL 12/31 1928

20. UNDERTAKER W. Richter ADDRESS 3500 Rutger

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.