

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

Do not use this space.

16744

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 293  
 City St. Louis (No. St. Luke's Hosp.) St. 4863 (Ward)

**2. FULL NAME**

Adeline B. Wagoner  
 (a) Residence No. Forest Park Hotel St. 10 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1866

7. AGE YEAR: 63 MONTHS: 2 DAYS: 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at home  
 (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) Missouri

10. NAME OF FATHER Johannes Meyers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Louisa Palmier

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

14. INFORMANT Harry E. Wagoner (Address) Forest Park Hotel

15. FILED 29 1929 Missouri State REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1929

17. I HEREBY CERTIFY That I attended deceased from 16 1929, to Apr 26 1929 that I last saw her alive on Apr 16 1929, and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac thrombus  
Very short time following abdon.

CONTRIBUTORY (SECONDARY) Section for carcinoma uterus

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 24/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operating  
edw. calaf, M. D.  
4/28, 1929 (Address) St. Luke's Hosp

\*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 Bellefontaine DATE OF BURIAL April 29, 29

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

WRITE PLAINLY, 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.

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