

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

Do not use this space  
20739  
~~20887~~  
File No. \_\_\_\_\_  
Registered No. 5532  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. (No. City Hospital #2)

**2. FULL NAME**

Geraldine Dadd  
(a) Residence. No. 206 S. 23rd St., 22 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 1 mos. 18 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (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) 4-16-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
- 1 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. nil  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Julius Dade  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mandell Hall  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss.  
(STATE OR COUNTRY)

14. INFORMANT A. Gertrude Creath  
(Address) City Hospital #2

15. FILED JUN -7 1930 Map O. Harkley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-4-1930

17. I HEREBY CERTIFY, That I attended deceased from 5-24-1930 to 6-4-1930 and that I last saw him alive on 6-4-1930 and that death occurred, on the date stated above, at 10:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Inanition

11 1/2 (duration) - yrs. - mos. 5 da.  
156

CONTRIBUTORY (SECONDARY) Acute Gastro-Enteritis

(duration) - yrs. - mos. 5 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 11210  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Chical  
(Signed) St. E. Hale M. D.  
6/5/30 (Address) City Hospital #2

\*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 Park DATE OF BURIAL 6-7 1930

20. UNDERTAKER Rememb - son ADDRESS 2700 Wash 41

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.

