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.

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

Do not use this space.

28506

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 28506

Township ..... Primary Registration District No. ..... Registered No. 8410

City St. Louis mo (No. Missouri Baptist Sanitarium Ward)

2. FULL NAME Adalia Gould

(a) Residence. No. 2328 Gaebler St., 12 Ward. Overland Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Overland mo. yrs. mos. 7 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	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-12-1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	21	0	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) mo

PARENTS

10. NAME OF FATHER Geo. Metzler

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Alfred Gould
(Address) 2328 Gaebler, Overland mo

15. AUG 24 1930 FILED ....., 19.... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/21/ 1930, to 8/21/ 1930 that I last saw her alive on 8/21/ 1930, and that death occurred, on the date stated above, at 11.10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism Cerebral
149B
82B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Child-birth
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 143 C
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. F. Neum, M. D.
8/23/, 1930 (Address) 3115 S. Grand

*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
S. S. Peter & Paul	8-25 1930

20. UNDERTAKER	ADDRESS
McLaughlin	1631 mo ave