

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

Do not use this space.

36363

1. PLACE OF DEATH:

County

Registration District No. 9DT

Township

Primary Registration District No. 155

City St. Louis (No. City Hospital)

File No.

Registered No. 10899

2. FULL NAME Mary Adams

(a) Residence, No. 4360 Washington Ward 19 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 0 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) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23rd-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>8</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Gerry Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Elizabeth Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) No hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 10-29 '31

19. UNDERTAKER (ADDRESS) Dr. E. Rangelin

20. FILED 11-1-31 19 May 6 Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19th, 1931 to Oct. 26th, 1931

I last saw her alive on Oct. 26th, 1931. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

Ventral Hernia Date of onset 15yrs?

Chronic Myocarditis

Other contributory causes of importance:

Congestion of Lungs 3 days

Name of operation Repair of Hernia Date of 12/31

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Carl H. Stoltz, M. D.

(Address) City Hospital

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.

