

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hospital)

Registration District No. 701
Primary Registration District No. 110000

File No. 3510
Registered No. 483
St. Ward)

2. FULL NAME
#17152

(a) Residence, No. 7911 Minnesota St. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 5 27

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) Union Co. Illinois

13. NAME Adolphus Freeman

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

15. MAIDEN NAME Julia Hawkins

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifford Ave DATE Jan 16

19. UNDERTAKER (ADDRESS) Southern Grand Blvd

20. FILED 15 1933 Registrar Max C. Parker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th 33 to Jan. 12th 33

I last saw her alive on Jan. 12th 33. Death is said to have occurred on the date stated above, at 8:35 P.M.

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

Hypertensive ganglioma (Arteriosclerosis of brain)

Date of onset

1. 10/15/32

Other contributory causes of importance:

Pregnancy - 4 months
alcoholism
Dehydration

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Henry Drost, 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.

Landwehr