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

Do not use this space.

41994

JAN 26 1934

1. PLACE OF DEATH

County ..... Registration District No. 1008 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11039

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Helen Adams

(a) Residence, No. 4549 Virginia Ave St. 15 Ward.
(Usual place of abode) (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 Lawrence Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10-1905

7. AGE: Years 28 Months 11 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) St Louis Mo

FATHER

13. NAME Louis Dischberino

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

MOTHER

15. MAIDEN NAME Anna Bruns

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

17. INFORMANT (ADDRESS) Lawrence Adams 4549 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Dec 26 1933

19. UNDERTAKER (ADDRESS) Wackes Felderle 2331 Broadway

20. FILED DEC 29 1933, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 14 Dec, 1933, to Dec 23, 1933

I last saw h... alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Endometritis Bacterial	
131	
91 A	

Other contributory causes of importance: Chronic nephritis

Name of operation none 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? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ofrow Muller, M. D.

(Address) 1095 S Missouri Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD