

SEP 25 1937

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

Do not use this space.

SEP 25 1937

31880

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1160Township  
City University CityPrimary Registration District No. 470  
(No. 7306 Tulane Ave)File No. 31880  
Registered No. 83  
St. \_\_\_\_\_ Ward)2. FULL NAME Elizabeth Adleta(a) Residence, No. 7306 Tulane Ave St. \_\_\_\_\_ 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George E. Adleta6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/1/18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 7 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. 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) Ohio13. NAME John Sheridan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Mary Sheeley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) Maud Langenecker  
7306 Tulane Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 8/28/37 19.19. UNDERTAKER (ADDRESS) Robert J. Ambruster  
6633 Clayton Rd20. FILED Aug 27 1937 Gene V. Moeller Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 193722. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to Aug 26 1937  
I last saw him alive on Aug 26 1937 Death is said to have occurred on the date stated above, at 11:15 m.

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

Coronary Arteriosclerosis  
& Diabetic Coma  
Date of onset 59  
Other contributory causes of importance: DiabetesName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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? No  
If so, specify \_\_\_\_\_  
(Signed) Hellis F. Lewis M. D.  
(Address) 207 - Chess Bldg

Rosdals 1221

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

