

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

34243

Do not use this space.

NOV 16 1938

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City..... St. Louis  
 (e) Length of residence in city or town where death occurred yrs. mos. ds.  
 (d) Street No. 4227 Lexington Ave. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 4227 Lexington Ave. St. 10 (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 Samuel E. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30th, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60		6	24	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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 Benjamin H. Riley

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

15. MAIDEN NAME Marv Elan

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

17. INFORMANT (ADDRESS) Ruby Adams  
4227 Lexington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry Grove, Ill. DATE Oct. 26th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheeler Funeral  
1905 Union Blvd.

20. FILED OCT 25 1938 J. P. Bredek Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1934 to Oct 23, 1938  
 I last saw her alive on Oct 20, 1938 Death is said to have occurred on the date stated above, at 2:45 m. A. M.

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

Hypertension, Chronic Date of onset 1934  
Nephritis, Chr. Parenchymatous  
Arteriosclerosis 2 yrs.

Other contributory causes of importance:

Name of operation None Date of operation  
 What test confirmed diagnosis None

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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph P. Bredek M. D.  
 (Address) 462 N. Taylor

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.

46211  
Warren A. Carver

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address: .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**