

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4298
Do not use this space.
991

REC'D MAR 13 1939

1. PLACE OF DEATH

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

2. PRINT FULL NAME 352 Ida Adams

(a) Residence, No. 5752 West Florissant St. 8
 (Usual place of abode, if no street address, write county or city) (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 John Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 10 12
 OCCUPATION 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) St. Louis 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Herman Diein? 0

14. BIRTHPLACE (CITY OR TOWN) 0
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Lena Diein

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

17. INFORMANT M. K. Barry
 (ADDRESS) 600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cathary Ave. DATE 2-3 1939

19. FUNERAL DIRECTOR (NAME) Wm. Laidner and Co.
 (ADDRESS) 1417 N. Market St.

20. FILED FEB 1 1939
J. D. Bredbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-23- 1938, to 1-31- 1939
 I last saw her alive on 1-31-39, 19..... Death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Febr. Tuberculosis
 Date of onset
 Other contributory causes of importance:
 [Signature]

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Geo. J. Cozalis, M. D.
 (Address).....

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.

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 John P. Brubaker
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave

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.