

DEC'D MAY 10 1939

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

12845

Do not use this space.

3187

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1000
(b) Township St. Louis Primary Registration District (No. BARNES HOSPITAL)
(c) City St. Louis, Mo (d) Street No. BARNES HOSPITAL
(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 322- Adcock, Mary Deal

(a) Residence, No. 316 Arbor Lane St. NR Webster Groves, Mo
(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) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DR. J. A. B. ADCOCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 9 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) NEWTON
(STATE OR COUNTRY) IOWA

FATHER 13. NAME JOSEPH DEAL

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

MOTHER 15. MAIDEN NAME ISABELA BARRON

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

17. INFORMANT Arthur P. Cornath, Sr.
(ADDRESS) 316 Arbor Lane Webster Groves

18. BURIAL, CREMATION, OR REMOVAL MO
PLACE WARRENSBURG DATE APRIL 5, 1939

19. FUNERAL DIRECTOR (NAME) Forbes & Co
(ADDRESS) Webster Groves, Mo

20. FILED APR 5 1939 J. T. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-39, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 19 39, to 4-3, 19 39

I last saw h. ER alive on 4-2, 19 39 Death is said

to have occurred on the date stated above, at 1 P.M.

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

Auricular fibrillation
etiology unknown
with multiple
organic infarctions

Other contributory causes of importance:
Cancer of L. Breast Primary
Cancer of L. Lung
Multiple Infarctions

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) F. R. Bradley, M. D.

(Address) BARNES HOSPITAL

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.

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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,

e. c. Aldrich, or by

Registered Apprentice No., working under my personal supervision.

Signed *e. c. Aldrich*

Licensed Embalmer No. *1332*

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.