

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27289
Registrar's No. 6789

Registration District No. 791 SEP 14 1939 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(c) Name of hospital or institution: 902 N. Elliot
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 1
(c) City or town St. Louis 211
(If outside city or town limits, write "RURAL")
(d) Street No. 902 N. Elliot
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME GEORGIA ADLEY 311D
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Ellis Adley 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION,
20. DATE OF DEATH: Month July day 30 year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 27 1939 to July 30 1939
that I last saw him alive on July 27 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Hypertension
Duration _____

8. AGE: Years About 68 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name George Bradford
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Due to Emphysema
Due to Chronic Bronchitis
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 930
Of operations _____
Of autopsy _____

MOTHER FATHER
16. (a) Informant's own signature Ellis Adley
(b) Address 902 N. Elliot Ave
17. (a) Burial (b) Date thereof Aug 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Peoples B. Cha
(b) Address 3100 Franklin Ave
19. (a) AUG 3 1939 (b) J. Bradford
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. A. Mueller (M. D. or other) MD
Address 2375 P. South Date signed 8-1-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1931

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

Henry Goodin

Licensed Embalmer No. 2050

P. O. Address 4237 W Labadie

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.