

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

34631

Do not use this space.

1. PLACE OF DEATH 1950 NOV 13 1939 /
 (a) County..... Registration District No. 22 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 9169
 (c) City St. Louis, Mo. (d) Street No. 1536 Papin, St. Mary's Infirmary 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 Rosie Adams 3521
 (a) Residence, No. 2927 Lambdin St. 10
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) Antheans Texas (STATE OR COUNTRY)

FATHER 13. NAME Not Known

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Robert Adams (ADDRESS) 2927 Lambdin Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Oct 27th 1939

19. FUNERAL DIRECTOR (NAME) A. L. Beal Und Co. (ADDRESS) 2726 Lucas Ave.

20. FILE Oct 26 1939 J. F. Gedick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18 19 39

22. I HEREBY CERTIFY, That I attended deceased from October 18, 19 39 to October 23, 19 39

I last saw her alive on October 23, 1939. Death is said

to have occurred on the date stated above, at 7:36 A.M.
 The principal cause of death and related causes of importance were as follows:

Heart failure
Hypertensive heart disease
with hypertrophy, dilatation & mural thrombosis
 Date of onset

Other contributory causes of importance:
hypertrophy, dilatation & mural thrombosis
 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) Malton S. Mitchell M. D.
 (Address) 1536 Papin St.

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 Birdie Beal Anderson

Licensed Embalmer No. 2929

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.