

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3665 Laclade Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs (Specify whether
years, months or days)3. (a) PRINT FULL NAME Nealey M. Adams3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Roy 6. (c) Age of husband or wife if alive 5-1897 years
7. Birth date of deceased 2 (Month) 5 (Day) 1897 (Year)8. AGE: Years 49 Months 0 Days 18 If less than one day hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Lee Jolly13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name Minerva Marlbor15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant's own signature W. E. Jolly(b) Address 3692 Laclade Ave17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 2/26/40 (Month) (Day) (Year)(c) Place: burial or cremation New S. S. Peter & Paul18. (a) Signature of funeral director W. McLaughlin(b) Address 2301 Lafayette Ave19. (a) FEB 24 1940 (Date of death) (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3665 Laclade Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 1940 hour 7 minute 25 A. M.21. I hereby certify that I attended the deceased from Feb 2 1940, to Feb 23 1940 that I last saw her alive on Feb 23 1940 and that death occurred on the date and hour stated aboveImmediate cause of death Peritoneal fever 3 months
M. M. Gal bladder

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations noneOf autopsy none

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 W. J. Sausbury (M. D. or other)Address 3758 Lafayette Date signed 2-24-40

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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2312 Lafayette

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.