S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31813

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8537

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: 4828a Ashland 1
(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 Missouri (b) County St. Louis 005
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 4828a Ashland
(If rural, give location)
(e) Citizen of foreign country? ..... (~~Yes~~ or No)
If yes, name country 0

3. (a) PRINT FULL NAME Adelaine Cherry

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex F 1 — 5. Color or race W — 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Robert A — 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August (Month) 24 (Day) 1882 (Year)

8. AGE: Years 60 — Months 1 — Days ~~21~~ 18 — If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Henry Broeder
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name CRESENTIA Hess
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Dolores Comfort
(b) Address 4739 St. Louis

17. (a) St. Peters (Burial, cremation, or removal) (b) Date thereof 10 (Month) 15 (Day) 42 (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director PROVOST UNDCo
(b) Address 3710 N. GRAND AVE

19. (a) Oct 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1942 hour 9:[illegible] minute 40 P.M.

21. I hereby certify that I attended the deceased from August 1942, 1942, to October, 1942, that I last saw her alive on October 10, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Vulva	
Carcinomatosis	
Due to Primary in Inguinal Glands	
Due to	
Other conditions 55 (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Inguinal Glands and Carcinoma of Vagina
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ..... (Specify type of place)
While at work? 0 (e) Means of injury —

23. Signature Leon F. Moldavsky MD (M. D. or other)
Address 4500 Olive St Date signed Oct. 14, 1942

(Licensed Embalmer's Statement on Reverse Side)

Dr MALDOSKY
No. 3800
1-4 WED
LISTER BIDG.

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 Robert L. V. Pinkman

Licensed Embalmer No. 3553

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, fact should be so stated above.