

S. No. 2  
4-2-43  
5-17-39  
I X37897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15813

MAY 27 1943 318  
Registration District No.

Primary Registration District No. 1003

State File No. 4475  
Registrar's No.

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(c) Name of hospital or institution: St. Louis City Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Ade,  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Ade, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 8 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 11 4 hr. min.

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

10. Usual occupation At Home,

11. Industry or business  
12. Name Louis Hinckiner,  
13. Birthplace Don't Know, 9  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Stroup  
15. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant 3400 S. Grand Blvd.  
(b) Address Burial 5/14/43.  
17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Helkin-Berry Montuary  
(b) Address 2842 Meramec Street  
19. (a) MAY 13 1943 (b) J. J. Bredack  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 169  
(d) Street No. 3400 S. Grand Blvd. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th  
year 1943 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur, Arteriosclerosis; when she fell to the floor while getting out of bed at Little Sisters of the Poor, 3400 So. Grand Boul., on April 19, 1943, about 3:00 o'clock P.M.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions ACCIDENT.  
(Include pregnancy within 3 months of death)

Major findings: 1/10  
Of operations 2/8  
Of autopsy 1/10

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) Accident 000  
(b) Date of occurrence 4-19-1943  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home of Little Sisters of the Poor  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Alfred J. Montgomery (M. D. or other) \_\_\_\_\_  
Address 2842 Meramec Street Date signed 5/12/43

874

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joe S Benz  
Licensed Embalmer No. 4949  
2847 S. Grand Ave.  
P. O. Address St. Louis Mo.

**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.**