

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

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Firmin Desloge Hosp/
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3330 Lemp Ave.
24 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME ~~XXXXXX~~ Adele Wilhem

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 Wid. &

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 25, 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 69 Days 0 If less than one day 20 hr. _____ min. _____

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Fredrick Hoffmann

{ 13. Birthplace Ill.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Unknown

{ 15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Smyth

(b) Address 3940 a Blaine Ave.

17. (a) Burial (b) Date thereof 9-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 3125 Lafayette Ave.

19. (a) SEP 17 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 17, 1948, to Sept. 15, 1948
that I last saw her alive on Sept. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of ovary with generalized abdominal carcinomatous Duration about 12-14 yrs.

Due to _____ ?

Other conditions: Intestinal obstruction 2 wks.
Congestive heart failure, terminal

Major findings: _____

Of operations _____

Of autopsy _____

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

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)

(c) Means of injury [Signature]

23. Signature Buriet W. Peden, M.D. (M. D. or other)
Address Firmin Desloge Hosp. Date signed 9/16/48

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.....

Jose B. Valladares

Licensed Embalmer No. *76014*

P. O. Address *312 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, fact should be so stated above.