

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24673

State File No. 6752

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4063a Labadie Ave.				d. STREET ADDRESS (If rural, give location) 100 ADDRESS 4063a Labadie Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Adeline		b. (Middle)		c. (Last) Dallas		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 23, 1891	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Chautel, Switzerland	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Frieden		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Dallas, 4063a Labadie Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. A		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocarditis -</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Diabetic Ch. Nephritis 10 yrs</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Goiter, Hypertension 10 yrs</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>10 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR <i>27.0X</i>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>1939</i> , 19___, to <i>Aug 7, 1950</i> , that I last saw the deceased alive on <i>Aug 7, 1950</i> , and that death occurred at <i>9:30A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. H. Hoppe M.D.</i>		23b. ADDRESS <i>1875 Madison</i>		23c. DATE SIGNED <i>8.8.50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>8-10-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		DATE REC'D BY LOCAL REG. <i>AUG 8 1950</i>	
REGISTRAR'S SIGNATURE <i>J. B. Foster</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>			

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

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ray W Wilkerson

Licensed Embalmer No. 3575

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.