

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7324

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 6811 Maguolia Ave) St. _____ Ward _____
 Registered No. 12319

2. FULL NAME

Ada V. Swellman
 (a) Residence. No. 6811 Maguolia St. 3 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1902

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>26</u>	<u>—</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Operator
 (b) General nature of industry, business, or establishment in which employed (or employer) Telephone
 (c) Name of employer Bell Tel. Co

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER A. G. Walter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kattie Blacklock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Minnie Gerdes
 (Address) 6811 Maguolia Ave

15. FILED MAR - 2 1928 Mar 6 Starckoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1927, to Feb. 29, 1928, that I last saw her alive on Feb. 29, 1928, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
2.3A

CONTRIBUTORY (SECONDARY) None diagnosed

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Kray + laboratory exam
 (Signed) J. A. Sterling, M. D.

2/1, 1928 (Address) 7161 Manchester
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL Mar 2 1928

20. UNDERTAKER Emmanuel Fred B. Starckoff ADDRESS 4234

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

