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

Do not use this space.

38782

File No.
Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6430
City Florissant Mo. (No. St. Catherine St. St. Ward)

2. FULL NAME Mrs. Adelle Cody

(a) Residence. No. Florissant Mo. St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DEC 28 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas F. Cody.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	10	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 1946
(b) General nature of Industry, business, or establishment in which employed (or employer) At home 131
(c) Name of employer 97

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Don't know

14. INFORMANT Mr. Wm. F. Coyle.
(Address) St. Catherine St.

15. FILED 12/5, 1931 Emma J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Sept. 6, 1931, that I last saw her alive on Sept. 6, 1931, and that death occurred, on the date stated above at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic int nephritis. Arteriosclerosis cerebral mostly causing senile dementia
Jenerd Anasarca - Anuria
Fract of R. wrist from 1929 bed lost ever since (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Anemia - & Dma (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) Geo. D. Turner, M. D.
11/13/1931 (Address) 3711 Jennings Rd.

*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	DATE OF BURIAL
Valhalla Crematory	Nov 14 1931
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch Inc.	5966 Easton Ave.