

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

Do not use this space.

6218

**1. PLACE OF DEATH**

County ..... Registration District No. *City Infirmary* File No. *1247*  
Township ..... Primary Registration District No. *1013* Registered No. ....  
City *St. Louis* (No. ....) St. .... Ward)

**2. FULL NAME**

*Mrs. Adeline Owens*  
(a) Residence, No. *4349 Aldine* St. *18* Ward. (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *F* 4. COLOR OR RACE *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *abt. - 1848*  
*Age* YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
*83* ~~1848~~ *Unknown*

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.   
10. Date deceased last worked at this occupation (month and year) *✓* 11. Total time (years) spent in this occupation *?*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo. 1*

MOTHER FATHER  
13. NAME *Robert Kolm*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Africa 30*

MOTHER FATHER  
15. MAIDEN NAME *Nancy Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo. 1*

17. INFORMANT *Wes H. Allbrook* (ADDRESS) *3800 Arsenal St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Dickson* DATE *2/7*

19. UNDERTAKER *A. Russell* (ADDRESS) *2732 Pershing*

20. FILED *FFB - 7154* Registrar *W. C. Starnes*

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-5-1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 31*, 1932, to *Feb 5*, 1932  
I last saw her alive on *Feb 4*, 1932. Death is said to have occurred on the date stated above, at *4:45 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis* Date of onset *Jan 31*  
*750 950*  
*112*  
Other contributory causes of importance: *Senility*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *D* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19...  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify .....  
(Signed) *J. P. Ridge*, M. D.  
(Address) *5600 Arsenal*

THIS IS A PERMANENT RECORD

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.

