

DEC 3 1936

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

Do not use this space.

42617

1. PLACE OF DEATH

County.....

Registration District No. 781
1008

Township.....

Primary Registration District No.....

City St. Louis, (No. St. Ann's Maternity Hospital. St. Ward)

File No.....

Registered No. 11124

2. FULL NAME Nancy Sue Adams.

(a) Residence, No. 1411 Rowan Ave. St. 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1936.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis, Missouri. (STATE OR COUNTRY)

13. NAME Lewis Adams.

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

15. MAIDEN NAME Maude Satterly.

16. BIRTHPLACE (CITY OR TOWN) Shawneetown, Illinois. (STATE OR COUNTRY)

17. INFORMANT Mrs. Lewis Adams. (ADDRESS) 514 1/2 Rowan Ave.

18. BURIAL, CREMATION, OR RECEPTION PLACE Int. Plummer Cem. DATE November 9, 1936

19. UNDERTAKER Lee L. Pleitach Inc. (ADDRESS) 596 1/2 Eastern Ave.

20. FILED NOV 9 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 8, 1936.

I last saw her alive on Nov 8, 1936. Death is said

to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Exanthema - trace to abdomen hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) M. D.

(Address) 1402 Kodiamont

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.

Don Mills Books
1495 Woodhurst
Ave