

WRITE PLAINLY, WITH UNFADING INK---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.

REC'D JAN 11 1939

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

41386
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **2** Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **1517a DeSoto Ave.** Registered No. **11078**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME **Adaline Allison**

(a) Residence, No. **1517a De Soto Ave.** St. **9**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 20th 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) **Pike Co. Missouri**

13. NAME **Unknown Parker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

15. MAIDEN NAME **Unknown Thorpe**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

17. INFORMANT (ADDRESS) **Mrs. Edwin Peglar 1517a De Soto Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **Dec. 27 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Suedmeyer & Sons 3934 N. 20th St.**

20. FILED **1938** Local Registrar **J. D. Bedler**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 24 1938**
22. I HEREBY CERTIFY, That I attended deceased from **Nov 10 1938** to **Dec 21 1938**
I last saw her alive on **Dec 23 1938** Death is said to have occurred on the date stated above, at **6 A. m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis - ?
PM

Name of operation **Phys Exam** Date of **70**
What test confirmed diagnosis **Phys Exam** 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 **John G. McSwiney** M. D.
(Signed) **John G. McSwiney** M. D.
(Address) **1014 Stella Ave**

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

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.)