

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D SEP 7 1939
Registration District No. 704

Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days.
(Specify whether
In this community 3 years.
years, months or days)

3. (a) PRINT FULL NAME Adelaide Githens 352
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 18 hr. min.

9. Birthplace PUTNAM COUNTY Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name Wade Dyer
18. Birthplace PUTNAM COUNTY Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lou Pippin
15. Birthplace PUTNAM COUNTY Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adelaide Githens
(b) Address 4372 W. Papine

17. (a) Removal (b) Date thereof 9-3-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ORANI, MISSOURI

18. (a) Signature of funeral director ALBERT H. HOPPE
(b) Address 4700 WASHINGTON BLVD

19. (a) AUG 31 1939 (b) DR. Mary Madson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7918 Kingsbury
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1939 hour 10: minute 25 A. M.
21. I hereby certify that I attended the deceased from 8/21/39
_____ 19, to 8/30/39, 19____;
that I last saw her alive on 8/30/39
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Pericardial Heart Disease 1 year
Due to Myocardial Infarction 1 year
Due to Severe atherosclerosis 1 year
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 93c
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Maurice S. Murphy (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 8/30/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Albert N. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.