

ED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4840

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3924 Shenandoah Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 32 Years

3. (a) PRINT FULL NAME BARBARA ADAM

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Nicholas 6. (c) Age of husband or wife if alive Widowed years

7. Birth date of deceased Jan. 1st 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>23</u>	hr. _____ min. <u>7</u>

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Schilz

(b) Address 3924 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation N. 3rd St. SS Peter & Paul

18. (a) Signature of funeral director A. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) MAY 26 1943 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1005

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3924 Shenandoah
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 17, 1943 to May 24, 1943; that I last saw her alive on May 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chromyocarditis
General anasarca

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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 J. Johnson (M. D. or other) MD
Address _____ Date signed _____

000
177
179
0

Duration
5 yrs
2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address.....

2317 Lafayette

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.)

If this body is not embalmed, fact should be so stated above.