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.

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

Do not use this space.

22421

1. PLACE OF DEATH
County
Township
City St. Louis (No. St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 6613

2. FULL NAME Joseph G. Adamie
(a) Residence (Usual place of abode) No. 3224 Henrietta St., 17 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-20-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	3	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Juney Syria

PARENTS
10. NAME OF FATHER: George Adamie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Juney Syria
12. MAIDEN NAME OF MOTHER: Mary Adamie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Juney Syria

14. INFORMANT: Martha Sassin
(Address) 3224 Henrietta St

15. FILED 21 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1928

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 22, 1928 that I last saw him alive on June 22, 1928, and that death occurred, on the date stated above, at 12.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
90B
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Pleuro pericarditis
(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edmond F. Sassin, M. D
6-22, 1928 (Address) 1701 Park Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter Paul
DATE OF BURIAL: June 25 1928

20. UNDERTAKER: M O P Collins
ADDRESS: 928 N Grand Ave