

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City Jennings, + Bellefontaine Rd St. _____ Ward _____

File No. 17639

Registered No. _____

2. FULL NAME William Adrian

(a) Residence, No. 1571 Valle Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 4 5

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Chauffeur service car driver

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) May 23, 1933 11. Total time (years) spent in this occupation. 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

13. NAME Frank Adrian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West, Phelia Mo

15. MAIDEN NAME Elizabeth Juchaus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madsville Mo

17. INFORMANT Edward B. Adrian (ADDRESS) 3027 Fair ave, St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 26 1933

19. UNDERTAKER Tanner Funeral Home (ADDRESS) 6107 Natural Bridge

20. FILED 6-1 1933 Emma Jettaris Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/33 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Automobile accident. Death due to hemorrhage following laceration of lung. Date of onset _____

Other contributory causes of importance: Lacerations of left lung, with hemorrhage. Multiple fractures of ribs, bilateral, and left femur.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? If so, specify _____

(Signed) Julia B. Tinnon, M. D.

(Address) 3718 Jennings Rd. St. Louis, Mo. 5/23/33

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. JUN 28 1933

