

SEP 16 1935

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

Do not use this space.

791

27902

1003

File No. 6956

Registered No. (St. Ward)

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. 1
City..... (No. *East Route City Hosp #1*) St. Ward

2. FULL NAME

Felix Adimotis(a) Residence, No. *4349 Forest Park Blvd.* 19 Ward.

(Usual place of abode)

(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) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 24-1877*7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 7 21

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

Janitor

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lithuania*13. NAME *Unknown*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*17. INFORMANT (ADDRESS) *Mrs. M. Bullis, 4349 Forest Park Blvd.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cemetery* DATE *Aug. 16* 193519. UNDERTAKER (ADDRESS) *J. P. Fuchs Jr, 7128 Michigan Ave.*20. FILED *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 14* 1935

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 *9:30* m.

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

Date of onset

*Fractures of skull
Laceration of brain
received in fall from
roof.*

Other contributory causes of importance:

*Accident**12*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *8/14* 1935Where did injury occur? *St. Louis, Mo.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. *In home*Manner of injury *Fall from roof*Nature of injury *Fractured skull*24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Harold Stuey* M.D.
(Address) *Deppfor*

AUG 16 1935

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.

WRITE PLAINLY, WITH CAPITALS WHERE THIS IS A REQUIREMENT

