JAN 13 1936

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

Do not use this space.

41007

File No. 791
Registered No. 1003
Registration District No. 10178
Primary Registration District No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Luke's Hosp. St. Ward)

2. FULL NAME Oliver Adams

(a) Residence, No. St., N.P. Ward. Cattonville, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul. 28-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	4	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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) Florissant, Mo.

FATHER

13. NAME Gilbert Adams

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

MOTHER

15. MAIDEN NAME Maggie Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulmore, Ill.

17. INFORMANT (ADDRESS) Gilbert Adams Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulmore, Ill. DATE 12-6-1935

19. UNDERTAKER (ADDRESS) Bamsey Bros Inc. Overland, Mo.

20. FILED DEC -3 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to Dec. 2, 1935

I last saw him alive on Dec. 2, 1935. Death is said to have occurred on the date stated above, at 6 P.m.

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

	Date of onset
Tumor of Brain (Benign)	

54d

Other contributory causes of importance:
Edema of Lungs.

Name of operation Cerebellar Craniotomy Date of 12-2-35
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? 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) R. M. Klemme, M. D.
(Address) Beaumont Bldg.

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 UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V.S. No. 2
100M-3-29-35