

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

● Do not use this space.

96. PLACE OF DEATH **MAY 31 1937**

County **St. Louis**  
Township **Normandy Township**  
City **Pine Lawn, Mo.** (No. **3718 Jennings rd.**)

Registration District No. **789**  
Primary Registration District No. **6033**  
**Dr. Hiernon's hospital.**

File No. **17558**  
Registered No. **116**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **John Adams**  
(a) Residence, No. **5727a Theodosia** St., \_\_\_\_\_ 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 **m** 4. COLOR OR RACE **w** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3/6/1891**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**45 5 11**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tile setter**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Ziske Tile Co.**  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ Total time (hrs.) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **John B Adams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indianapolis, Ind.**

MOTHER 15. MAIDEN NAME **Nellie Kelly**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Wm. B. Adams**  
(ADDRESS) **5607 Goodfellow**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Wallerfontaines** DATE **Apr 20 1937**

19. UNDERTAKER **Chas. F. Stuart**  
(ADDRESS) **1225 Union**

20. FILED **4-19-1937** **Adl. Baehner**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/17/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **March 10th, 1937**, to **April 17th, 1937**  
I last saw him alive on **April 17th, 1937**. Death is said to have occurred on the date stated above, at **7:30 AM**  
The principal cause of death and related causes of importance were as follows:

**Advanced carcinoma of sigmoid and rectum with metastasis at the bony structure of sacrum and coccyx.**

*Primary seat rectum*  
Other contributory causes of importance:  
**Toxemia; surgical interference; removal of rectum forming a false rectum in the left rectus muscle. Acute cardiac dilatation.**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **cli.** Was there an autopsy? **NO.**

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) **Tukalo Turner**, M. D.  
(Address) **3718 Jennings, Va.**

**4/17/37**

Exact statement of OCCUPATION is very important. Physicians should state in plain terms, so that it may be properly classified.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City (No. ....) (St. ....) (Ward) .....

Registration District No. 789  
Primary Registration District No. 6033

File No. 17558  
Registered No. 116

**2. FULL NAME** John Adams

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 / 17, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 5 11

Other contributory causes of importance:  
Primary seat rectum

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

admitted carcinoma of sigmoid and rectum with metastasis of the bony structure of scerum and iliopep.  
Date of onset 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 4-19-37 6-11-37 1937 Edw. Boehmer Registrar

Name of operation ..... Date of .....  
What test confirmed diagnosis? X10 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) Luke B. Tiernon, M. D.  
(Address) 3718 Jennings Rd.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY INFORMATION IS VERY IMPORTANT.

SUPPLEMENTARY

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