JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 4457, ENRIGHT St. ..... Ward)

File No. 18316

Registered No. 489

2. FULL NAME W. FRANK ADAMS

(a) Residence, No. 4457 ENRIGHT St., 11 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: COL.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 20, 1890

7. AGE: 46 YEARS ~~47~~ MONTHS 6 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: Mechanic

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): KANSAS CITY MO

FATHER

13. NAME: BRUCE ADAMS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KANS.

MOTHER

15. MAIDEN NAME: MAMIE KOUNTZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WARREN CO. MO.

17. INFORMANT (ADDRESS): MAMIE STAFFORD 4457 ENRIGHT AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEM. DATE: 5-15-37, 19

19. UNDERTAKER (ADDRESS): EMMETT TONEY CO. 3436 LAWTON BLVD.

20. FILED MAY 14 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/13/ 1937

22. I HEREBY CERTIFY, [redacted] attended deceased from about 4 weeks ago, 19 to 5/13/ 1937

I last saw him alive on 5/11/ 1937 Death is said to have occurred on the date stated above, at 7:30 A.m.

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

Diabetes Mell

Date of onset

Other contributory causes of importance:

Multiple diabetic abscesses
Cardiovascular hypotension

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

What test confirmed diagnosis? Phys. 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) J. F. Bredeck, M. D.

(Address) 27489 Frank Ave

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.