OCT 14 1937

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

32238
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003 Registered No. 8292

1. PLACE OF DEATH
(a) County
(b) Township
(c) City ST LOUIS, MO (d) Street No. En route City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDGAR J. ADAMS
(a) Residence, No. 4614 DELMAR St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): DIVORCED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CLARA WIND.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 12, 1889
7. AGE: YEARS 48 | MONTHS 1 | DAYS 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: DANCING INSTRUCTER
9. Industry or business in which work was done, as 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): ST LOUIS, MO

FATHER
13. NAME: ROBERT M. ADAMS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LEONARDTOWN MARYLAND.

MOTHER
15. MAIDEN NAME: HATTIE A. WOODS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST LOUIS, MO

17. INFORMANT: MRS HATTIE ADAMS
(ADDRESS) 4614 DELMAR, BLVD.
18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVERY DATE 9-4-37, 19
19. FUNERAL DIRECTOR: MULLEN BROS
(ADDRESS) 4259 LINDELL.
20. FILED SEP 3 1937, 19 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2. 1937

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 2:45 A
The principal cause of death and related causes of importance were as follows:

Laceration of the throat, self inflicted with razor at his home 4614 Delmar Blvd., on Sept. 2, 1937, at about 2:45 A.M. Suicide.

Date of onset

Other contributory causes of importance:

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? suicide Date of injury 9/2, 1937
Where did injury occur? St. Louis, Missouri.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Alfred Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-6-37 I X12004

-29- 774

LOT 110
SEC 23.
8FT DEEP.

STATEMENT BY LICENSED EMBALMER

I, N. E. Burgess, Licensed Embalmer No. 3547

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed N. E. Burgess

Licensed Embalmer No. 3547

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)