

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

55
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City ST. LOUIS, Mo. (d) Street No. ISOLATION Hosp. 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 9 yrs. 8 mos. 2 ds. (f) How long in U. S., if of foreign birth? 9 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 257 JOHN H. ADAMS
9845 DIAMOND DRIVE St. NR ST. LOUIS, Mo.
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CHILD

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 30th 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. School Boy
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME OSCAR ADAMS

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

MOTHER 15. MAIDEN NAME JARA HALE

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

17. INFORMANT Stella Adams (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedman Cem. DATE Jan. 4 39

19. FUNERAL DIRECTOR (NAME) Diedrich F. Haue (ADDRESS) 8319 HALLS HERATH PL.

20. FILED JAN 3 1939 J. D. Beckwith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/31, 1938, to 1/1, 1939

I last saw him alive on 1/1, 1939. Death is said to have occurred on the date stated above, at 11:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Rib fracture
Asphyxial

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) E. D. Boyle, M. D.
 (Address).....

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.

REC'D FEB 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. Sullivan*.....
Licensed Embalmer No..... *1122*.....
P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.