

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.

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

36404
Do not use this space.

1. PLACE OF DEATH

(a) County Jaeger Registration District No. 417
(b) Township JOLI-IN Primary Registration District No. 302.1 Registered No. 90
(c) City St. Louis or St. Louis City (d) Street No. Sanat Chennu Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.
353 (ALFRED HENRY ADAMS.)

2. PRINT FULL NAME

(a) Residence, No. 1000 Mo. St. Louis (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1, 1922</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>1</u>	DAYS <u>14</u>
If LESS than 1 day, ... hrs. or min.		
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. <u>School</u>		
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) <u>Chicago</u> <u>Illinois</u>		
13. NAME <u>Henry Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Blanche D. Dodson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago</u> <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Blanche Adams</u> <u>Chicago</u> <u>Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chicago</u> DATE <u>Oct 17, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. H. City</u> <u>Mo.</u>		
20. FILED <u>OCT. 17. 39</u> , 19 <u>St. Louis</u> <u>Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 14, 1939, to Oct 15, 1939

I last saw h. i. m. alive on OCT. 15, 1939. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

Peritonitis following a ruptured appendix
Date of onset 194 40

Other contributory causes of importance:
Name of operation Appendectomy Date of 10/14/39
What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 10-11, 1939
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Footstep
Nature of injury Appendicitis

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. A. Dumbauld, M. D.
(Address) St. Louis Mo.

RECEIVED

District Health Officer No. 6;

District File Number 139-2235

Date Filed NOV 8 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 myself

Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

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.