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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37805

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9644

1. PLACE OF DEATH:

(a) County 3

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carondelet City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1312 S. 3rd St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Francis Marie Adams 352

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15 1938 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	2	26	_____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation nil

11. Industry or business nil

FATHER 12. Name James Adams

13. Birthplace Crawford County Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Pearl Emloe

15. Birthplace St. Francois County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Adams

(b) Address 1312 S. 3rd St.

17. (a) Burial-Motor (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Point, Mo.

18. (a) Signature of funeral director Wieck Bros

(b) Address 2201 S. Grand Bl.

19. (a) NOV 12 1939 (Date received by Registrar) (b) J. F. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1939 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Convulsions	
Due to	
Due to Whooping Cough	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph McLure (M. D. or other)

Address Deputy Coroner Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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 Nancy A Stewart

Licensed Embalmer No. 3222

P. O. Address 422 Duchesne

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.