

Registration District No. 2071

Primary Registration District No. _____

Registrar's No. 430

1. PLACE OF DEATH: 1008 **DECEASED FEB 17 1940**
 (a) County _____
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 40 North Kingshighway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Lillian Ruth Adams 352
 8. (b) If veteran, name war No. _____
 8. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 15th
 year 1940 hour 6:30 minute _____ P. _____ M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ben. Frank
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Jan. 31 1901
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-25, 1939 to 1-15, 1940;
 that I last saw her alive on 1-15, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
38 11 15 _____ hr. _____ min.

Immediate cause of death Metastatic Carcinoma to lung, pleura & liver, intestine Duration 6 mo
 Due to Carcinoma of ovary
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Carcinoma metastatic
 Of autopsy _____

9. Birthplace Poplar Bluff Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business Wash. Univ. School Nursing

MOTHER FATHER
 { 12. Name Arthur Bush
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Evelyn Burton Bush
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. F. Adame
 (b) Address Parkview Hotel

17. (a) Removal (b) Date thereof 1/16/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Ave.

19. (a) JAN 15 1940 (b) J. J. Bradshaw
 (Date received local registrar) (Signature)

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? _____

(Specify type of place) _____
 (e) Means of injury _____
 23. Signature F. R. Bradley (M. D. or other) _____
 Address BARNES HOSPITAL Date signed 1-15-40

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.

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 _____
Licensed Embalmer No. _____

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.