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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4904

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1152

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo Baptiste Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

In this community 25yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 009 1719 9

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

(d) Street No. 4366 Maryland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME Amelia Adams

3. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George W

6. (c) Age of husband or wife if alive Decd years

7. Birth date of deceased Dec (Month) 15th. (Day) 1857 (Year)

8. AGE: Years ~~84~~ 83 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Brooklyn (City, town, or county) N.Y. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At. Home

MOTHER FATHER

12. Name Louis Harlee

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Verna Yost

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mabelle Adams

(b) Address 4366 Maryland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd. year 1941 hour 9:30 A. M. minute M.

21. I hereby certify that I attended the deceased from 12-20, 1940, to 2-2, 1941; that I last saw him alive on 2/2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of abdominal aorta

Due to 1862

Due to

Other conditions (Include pregnancy within 3 months of death) Intertrochanteric fracture left hip

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 12/20/1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury slipped & fell to floor

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 7/3/41

(Licensed Embalmer's Statement on Reverse Side) 4932 Morgan

Dr. Kleinfelder
Dr. Bohm
9-11 Mo Baptist Hosp

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address .....

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

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