No. 2
1-4-41
17-39
X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13213

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3643

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: St. Mary's Infirmary
(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:

(a) State Missouri (b) County 006
(c) City or town St. Louis 1711
(If outside city or town limits, write "RURAL")
(d) Street No. 4242w Cook Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Izett Adams

3. (b) If veteran, name war --

3. (c) Social Security No. ---

4. Sex Male V

5. Color or race Negro

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

6. (b) Name of husband or wife Myrtle Adams

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May (Month) 6th. (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
43	11	19	hr. min.

9. Birthplace Kingston Jamaca (City, town, or county) B.W.I. (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Private Family

FATHER
12. Name Ralph Adams
13. Birthplace Kingston Jamaca (City, town, or county) B.W.I. (State or foreign country)

MOTHER
14. Maiden name Ella Unknown
15. Birthplace Kingston Jaimaca (City, town, or county) B.W.I. (State or foreign country)

16. (a) Informant Myrtle Adams
(b) Address 4242w Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) APR 29 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th. year 1941 hour minute M.

21. I hereby certify that I attended the deceased from April 13th. 1941 to April 25th. 1941 that I last saw him alive on April 25th. 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic-nephro-sclerosis	
Due to	
Due to	
Other conditions Hypertension (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? (Specify type of place)
While at work
(e) Means of injury

23. Signature (M. D. or other)
Address 822a N. Jefferson Ave. Date signed 4/26/41

(Licensed Embalmer's Statement on Reverse Side)

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

James. A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, fact should be so stated above.