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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27172

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6964

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: 769 N. Euclid Ave.
(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 Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 769 N. Euclid Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertie Adams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W. J. Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 29, 1874 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name John C. Wagner
13. Birthplace (City, town, or county) Mo. (State or foreign country)
14. Maiden name Martha Hunter
15. Birthplace (City, town, or county) Not known (State or foreign country)

16. (a) Informant Wanda Adams
(b) Address 769 N. Euclid
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation Temple, Texas
18. (a) Signature of funeral director Charles Stern Funeral Home
(b) Address 4911 Washington
19. (a) AUG 28 1941 (Date received local registrar) (b) J. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1941 hour 6 minute 15 p. M.
21. I hereby certify that I attended the deceased from June 6, 1941, to Aug. 27, 1941, that I last saw her alive on Aug 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterial Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
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)
(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 Leon A. Weiss (M. D. or other) M.D.
Address 1703 So Grand Date signed 8/28/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Thomas F. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.