

Registration District No. 791 Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution in city ambulance

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4777 Genevive (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charley H. Adams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 494-09-0331

4. Sex M Color or race W

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

6. (b) Name of husband or wife Lidia 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 7 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>15</u>	hr. min.

9. Birthplace Terra Haute, Ind (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Carpenter

MOTHER FATHER { 12. Name William Adams

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

14. Maiden name Unknown

15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Geo Smith

(b) Address 4777 Beacon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Pk

18. (a) Signature of funeral director E. Carl White

(b) Address 4259 Grand

19. (a) MAY 26 1942 (Date received local registrar) (b) F. Benedict (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from May 1st 1942 to May 22nd 1942

that I last saw him alive on May 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to \_\_\_\_\_

Due to 94

Other conditions (Include pregnancy within 3 months of death) 94

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 R.P. Newman (M. D. or other) MD

Address 5330 Geraldine Date signed 5/26/42

JUN 10 1942

**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... *Arnold W. Schoene*  
Licensed Embalmer No. *3864*  
P. O. Address. *St. Louis, Mo.*

**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, fact should be so stated above.**