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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25632
6861

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 922
(If outside city or town limits, write "RURAL")

(d) Street No. 1221a So. 13th.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kenneth Adams

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife nil

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

7. Birth date of deceased Jan. (Month) 21 (Day) 1940 (Year)

8. AGE: Years 2 Months 6 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri () (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Elliot LeRoy Adams
13. Birthplace (City, town, or county) Missouri () (State or foreign country)

MOTHER
14. Maiden name Bessie Swaford
15. Birthplace Rivermines (City, town, or county) Missouri () (State or foreign country)

16. (a) Informant Bessie Taylor
(b) Address 1221a So 13th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 15 (Day) 1942 (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2300 Lafayette

19. (a) AUG 14 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13, year 1942 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from August 8, 1942 to August 13, 1942; that I last saw him alive on August 13, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to Cerebral deficiency, severe single birth

Due to

Other conditions (Include pregnancy within 3 months of death) 157

Major findings: Of operations Atrophic cerebrum c̄ hydrocephalus

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 C. S. Moreken (M. D. or other) 0

Address 1515 Lafayette Ave., Date signed 8/13/42

(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 Chas. Meighbors, Registered Apprentice No. 319, working under my personal supervision.

Signed L. R. Cragen

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.