

FILED OCT 28 1942

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **8638**

1. PLACE OF DEATH:

(a) County **St. Louis**
(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. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3-wks.** (Specify whether
In this community **3-yrs.** years, months or days)

3. (a) PRINT FULL NAME **Edna Dreux Adams**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Robert Adams** 6. (c) Age of husband or wife if alive **June 22nd., 1877** years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **25** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Jules Dreux**

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

14. Maiden name **Octavie Trezevant**

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

16. (a) Informant **Mrs. Edith A. Driscoll**

(b) Address **5862 Cates Ave.**

17. (a) **Removal** (b) Date thereof **10-18-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Orleans**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **OCT 18 1942** (b) **J. H. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**
(c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL") **59**
(d) Street No. **5862 Cates Ave.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17** year **1942** hour **8:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 1st** 19 **42** to **Oct 17** 19 **42**
that I last saw her alive on **Oct 17** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Cardiac - 2 yrs**
waterbury Renal Disease

Due to **65**

Due to **10/17/42**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **10/17/42**

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? (c) Means of injury **0**

23. Signature **David A. Munsch** (M. D. or other) _____

Address **634 N Grand** Date signed **10/17/42**

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

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: *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 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.