S. No. 2
1—5-42
5-17-39
X32873

3337/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED FEB 10 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 8

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Oct. 27, 1942 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3654-A Finney Ave.,
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Claude Adams

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. 486-16-1180.

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife -

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

7. Birth date of deceased December (Month) 21, (Day) 1895 (Year)

8. AGE: Years 47 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation WPA Worker

11. Industry or business -

FATHER
12. Name Calvin Adams
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Lelia Blank
15. Birthplace (City, town, or county) Alabama. (State or foreign country)

16. (a) Informant Alice Seevogen
(b) Address Actg. Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Mo

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) JAN 4 - 1943 (Date received local registrar) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st, year 1943 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 27, 1942 to January 1, 1943 that I last saw him alive on January 1, 1943. and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac disease, secondary to chronic lung disease, marked cardiac enlargement, myocardial damage, myocardial insufficiency. Duration Abt. 4½ yrs.

Due to -

Other conditions Pulmonary fibrosis, extensive, and Arteriosclerosis, generalized. (Include pregnancy within 3 months of death)

Major findings: Of operations None. Abt. 4½ yrs.

Of autopsy No autopsy. 114 el

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) no
(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 L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer Date signed 1/2/43.

(Licensed Embalmer's Statement on Reverse Side)

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 S. L. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.