S. No. 2
—1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 3859

Registrar's No. 2057

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:
City Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4100 Flad Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Benjamin Spearman Adams

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Fanny E. Day

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 6, 1866 (Month) (Day) (Year)

8. AGE: Years 76 | Months ~~X~~ 3 | Days 26 | If less than one day hr. min.

9. Birthplace Holmes County, Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad conductor

FATHER
12. Name James Adams
13. Birthplace Holmes County, Ohio. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Spearman
15. Birthplace Holemes County, Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Agnes Julia Adams
(b) Address 4100 Flad Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 3 1943 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2, year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left Femur Arteriosclerosis suffered when he fell from fourth step of Stepladder which broke at the Brace, while cleaning wall paper in the Kitchen of his home on Jan. 21, 1943, about

Duration

Due to

Due to

Other conditions 2.00 PM
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 86
Of autopsy 1 X

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) Accident 000
(b) Date of occurrence Jan 21 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 Home (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Alfred J. Perry 3 (~~M.D. or other~~)
Address 1300 Clark Ave. Coroner Date signed 3/3/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1948

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.....

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.