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FILED APR 23 1943 818

Primary Registration District No.

1003

Registrar's No.

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:  
1443 North Market St. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay In hospital or institution  
La Route City Hosp #1 Specify whether  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 267  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1443 North Market St.  
(If rural, give location)  
(e) Citizen of foreign country? No Attending Physician (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Elmer H. Adams

3. (b) If veteran, name war

3. (c) Social Security No.

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

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

7. Birth date of deceased Feby. 7th. 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days 41 1 26 If less than one day hr. min.

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

10. Usual occupation Bartender

MOTHER FATHER { 11. Industry or business

12. Name Peter H. Adams  
13. Birthplace Chicago, Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Selma T. Hartman  
15. Birthplace Sweeden  
(City, town, or county) (State or foreign country)

16. (a) Informant Peter H. Adams  
(b) Address 1440 Hogan St.

17. (a) Burial (b) Date thereof 4-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Pl.

19. (a) APR 23 1943 (b) J. F. Bredich  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th.  
year 1943 hour 10.00 minute A. M.

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

Immediate cause of death.

Lobar Pneumonia

Due to 108

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Alfred J. Berg (M. D. or other)  
Address Deputy Coroner Date signed 4-13-43

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

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**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

*Robert L. Binkman*

Licensed Embalmer No.

3553

P. O. Address

3710 N. Grand Bl

**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.**