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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22732

Registrar's No. 6563

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 0 BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Lilbourne 2 (If outside city or town limits, write "RURAL") NR

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME William Henry Adams

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race 0 White

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

6. (b) Name of husband or wife Ethel Adams

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 14 (Day) 1886 (Year)

8. AGE: Years 57 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Mfg

FATHER
12. Name Bard Adams
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Jess Adams

(b) Address 4332 Forest Park Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (Month) (Day) (Year)

(c) Place: burial or cremation Lilbourne, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) [illegible] 20 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 2 minute 3 P.M.

21. I hereby certify that I attended the deceased from June 29, 1943, to July 19, 1943 that I last saw him alive on July 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Acalyx in upper half abdc sub-diaphragmatic abscess — Duration

Due to Perforation Colon at operative site —

Due to

Other conditions Pneumonia lower lobes bilateral (Include pregnancy within 3 months of death)

Major findings: Of operations Gastric Carcinoma

Of autopsy Peritonitis

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 M. C. Abney D (M. D. or other)

Address BARNES HOSPITAL Date signed 7/19/43

(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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.