. S. No. 2
DM—5-42
ev. 5-17-39
-I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23240.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6677

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: St. Lukes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6429 Wellsmar Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH B. McAdams.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Hastings J. McAdams.
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased September (Month) 12, (Day) 1884. (Year)

8. AGE: Years 58 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Topeka, (City, town, or county) Kansas. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name William R. Topping.
13. Birthplace Bath, (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name Helen Gibson.
15. Birthplace New York City, (City, town, or county) New York (State or foreign country)
16. (a) Informant Mr. Hastings J. McAdams.
(b) Address 6429 Wellsmar Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) JUL 23 1943 (Date received by local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st. year 1943 hour 6 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 2, 1943, to July 21, 1943, that I last saw her alive on July 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism — Duration 15 min.
Due to acute suppurative appendicitis — 20 d.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations acute suppurative appendicitis.
Of autopsy Embolism of L. lower lobe of lung

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 Edwin P. Meinerz (M. D. or other) M.D.
Address 6651 Enright Ave. Date signed 7/21/43

(Licensed Embalmer's Statement on Reverse Side)

Dr E.P.Meiners.
6651 Enright Ave.
Hours 1 to 3 P.M.
Telephone Cabanne 5042.

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.....John Feller.....

Licensed Embalmer No.....3880.....

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.