

FILED **OCT 13 1943 318**

Registration District No.

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: St. Johns Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Eva Adams

3. (b) If veteran, name war _____ 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 Paul Francis Adams 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September 12 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 0 18 hr. min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Lambert
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Francis Adams
(b) Address 5300 Fletcher Ave.

17. (a) Burial (b) Date thereof 10-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
1943

19. (a) 1943 (b) J. F. Breueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Northwoods
(If outside city or town limits, write "RURAL")
(d) Street No. 5300 Fletcher
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from June 29, 1943, to Sept 30, 1943
that I last saw her alive on Sept 19 - 43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Rheumatic fever

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____

Of autopsy _____

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 MI
23. Signature W. P. Zamallo (M. D. or other) MD
Address 8363 Holly Hwy Date signed Sept 30 - 43

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 *Frank H. Stout*

Licensed Embalmer No. 2245

P. O. Address 4600 9th Bridge over

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.