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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

PERMIT No. 44-261

State File No. 19022

Primary Registration District No. 6076

Registrar's No. 1230

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans' Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. May 26, 1944 (Specify whether years, months or days)

In this community: - -

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.: 4981a Mardel, St. Louis, Mo.
(If rural, give location)

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

If yes, name country: - -

3. (a) PRINT FULL NAME: ADAMS, Ralph A.

3. (b) If veteran, name war: W.W. #1

3. (c) Social Security No. 493-07-9956

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Elizabeth May Adams,

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: November (Month) 25, (Day) 1892. (Year)

8. AGE: Years 51 | Months 6 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace: Winfield, Kansas.
(City, town, or county) (State or foreign country)

10. Usual occupation: Buyer,

11. Industry or business: Western Electric Co.,

MOTHER FATHER

12. Name: Lewis Harvey Adams,

13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

14. Maiden name: Eva May Cox,

15. Birthplace: Prairieton, (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant: M. Schulig Cl.Clk.

(b) Address: Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: 6 2 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: MISSOURI CREMATORY

18. (a) Signature of funeral director: KRIEGSHAUSER UND CO.

(b) Address: 4428 So. KINGSHIGHWAY

19. (a) JUN 5 - 1944 (Date received local registrar) (b) E. L. McCabran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 30th year: 1944 hour: 6:55 minute: P.M. M.

21. I hereby certify that I attended the deceased from May 26, 1944 to May 30, 1944; that I last saw him alive on May 30, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: NEPHRITIS, CHRONIC, WITH NITROGEN RETENTION AND UREMIA. — Duration: UNKNOWN

Due to: XXXX OTHER CONDITIONS: - HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE, WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY. — UNKNOWN

Other: (Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: No autopsy.

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): No

(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: Means of injury:

23. Signature: L.M.COCHRAN, LT.COL.M.C. (M.D. or other)

Address: CHIEF MEDICAL OFFICER, Jefferson Barracks, Mo. Date signed: 6-31-44

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1944

JUL 2 1947

JUL 17 1945

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: Richard W Storrsand

Licensed Embalmer No.....

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.