

FILED JUL 26 1944

1003

Registration District No.

Primary Registration District No.

Registrar's No.

6296

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2110 Bellevue
(If rural, give location) NR
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emma Adank

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 Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 2 years (Day) (Year)

7. Birth date of deceased Dec 2 1878
(Month) (Day) (Year)

8. AGE: 65 Years 7 Months 12 Days If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER { 12. Name John Adank 5
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Louise Wachtel
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andrew Adank
(b) Address #16 Colonial Hills Parkway
17. (a) Burial (b) Date thereof 7/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Shanklin-Kron Funeral Home Inc.
(b) Address 4911 Washington Blvd.
19. (a) JUL 16 1944 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1944 hour 11 minute 25 M.

21. I hereby certify that I attended the deceased from 7-7-44 to 7-14-44
that I last saw her alive on 7-14-44
and that death occurred on the date and hour stated above.

Immediate cause of death Subtotal obstruction
Due to Carcinoma of rectum with metastases to uterus and bladder.

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations Same - Colostomy - 7-8-44
Of autopsy no. 7
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 Essential Quality (M. D. or other) MD
Address 634 N. School Date signed 7-15-44

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.....

Paul A. Shanklin

Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *4312 1/2th Blvd.*

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.