

FILED SEP 18 1944

1003

Registration District No. 318

Primary Registration District 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:  
2003 Prather Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2844 1/2 S. 18th St. (If rural, give location) 17  
(e) Citizen of foreign country? 0 (Yes or No) 24  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ada W. Adams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-03-7456

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Herbert 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased August 8, 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Curtlee Clothing Co.

11. Industry or business

12. Name Emil Edelmarr  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Juliana Sobel  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Johnson  
(b) Address 2003 Prather

17. (a) Burial (b) Date thereof Sept. 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wickie Holderle  
(b) Address 3634 Gravois Ave.

19. (a) SEP 7 1944 (b) J. H. Redek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1944 hour 19:40 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 1, 1944 to Sept 5, 1944  
that I last saw him alive on Sept 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

acute cardiac collapse

Due to Carcinoma Liver & Headbladder

Due to Primary site - liver

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 0

23. Signature Dr. Leo P. Young (M. D. or other)  
Address 2621 S. Jefferson Date signed 9/5/44

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

MOTHER FATHER

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address: St. Louis, Mo.

**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.**