V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32001

FILED NOV 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9479

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery St. 11
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Adderley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White 2

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jennie B. Adderley

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

7. Birth date of deceased May 28, 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	9	hr. min.

9. Birthplace Brooklyn, New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pressman

11. Industry or business

FATHER
12. Name Fred C. Adderley
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Spurin
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Roy F. Adderley
(b) Address 7205 Harney Ave.

17. (a) Burial (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann Harrel
(b) Address 1905 Union

19. (a) NOV 8 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. - day 7th
year 1944 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 11/2/44
, 19 , to Nov. 7th, 19 44
that I last saw him alive on Nov. 7th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium due to arteriosclerotic coronary thrombosis

Due to

Due to

Other conditions Hypertension & arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. C. Fritz 0 (M. D. or other)
Address 1515 Lafayette Date signed 11/8/44

(Licensed Embalmer's Statement on Reverse Side)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.