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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003 / 1003

State File No. 14881 4945

Registration District No. ..... Primary Registration District No. ..... 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: Frisco Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-20-45 to (Specify whether

In this community 6-2-45 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis Mo. 0 4 3 (If outside city or town limits, write "RURAL")

(d) Street No. 3134 Jamison (If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME WILLIAM ADKINS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M 0

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife NELL ADKINS

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

7. Birth date of deceased MARCH (Month) 19 (Day) 1899 (Year)

8. AGE: Years 46 Months 2 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation CLERK

11. Industry or business Frisco Railroad

FATHER
12. Name George Adkins
13. Birthplace St. Joseph Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Slulka
15. Birthplace ..... 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Record

(b) Address KingsHighway & LaClede

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 4 45 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEM

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SO. KingsHighway

19. (a) JUN 4 1945 (Date received local registrar) (b) J. F. Bueeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1945 hour 5 minute 48 A.M.

21. I hereby certify that I attended the deceased from 4-20-45 ....., 19..., to 6-2-45, 19...; that I last saw h IM alive on 6-1-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate with Metastasis

Due to .....

Due to .....

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Other conditions Bilateral Hydronephosis (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) None

(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 Colley McNearney (M. D. ~~or other~~)

Address 2240 Brentwood Blvd Date signed 6-2-45

(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 Richard W. Storseand

Licensed Embalmer No. 4007

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.