

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

6063

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:  
5247a Palm St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17  
9 6  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5247a Palm St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene G. Adams

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie E. Adams nee Young 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 16, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 0 25 hr. min.

9. Birthplace Avia Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Helper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Adams  
13. Birthplace Unknown Ills.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Ellis  
15. Birthplace Unknown Ills.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sadie E. Adams  
(b) Address 5247a Palm St.

17. (a) Burial (b) Date thereof 7/14/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Belleville, Illinois Hope Cemetery  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JUL 13 1945 (b) J. F. Breuer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11,  
year 1945 hour 6:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 19 1945 to July 10 1945  
that I last saw him alive on July 10 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 hrs

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of 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) \_\_\_\_\_  
(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? 0 (Specify type of place) (e) Means of injury 0  
23. Signature J. F. Breuer (M. D. or other) \_\_\_\_\_  
Address 2204 W. Flannery \_\_\_\_\_

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

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**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

*William G. Buchholz*

Licensed Embalmer No. *2110*

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.**