

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21606**
Registrar's No. **6634**

FILED AUG 3 1945
Registration District No. **318** Primary Registration District No. **1003**

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

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:
6125 Dewey ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6125 Dewey ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rose Z. Adams
(b) If veteran, name war no
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27
year 1945 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Oct 14
1944 to July 27 1945
that I last saw or alive on July 24 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased January 16 1867
(Month) (Day) (Year)

Immediate cause of death.....
Endocarditis
Due to Rheumatism
Due to.....

8. AGE: Years Months Days If less than one day
78 6 11 hr. min.

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
1. Of operations.....
Of autopsy no

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

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) Manner of injury.....

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Unknown Adams

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Lentz
(b) Address 6125 Dewey ave.

17. (a) Burial (b) Date thereof July 30, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. C.
(b) Address 7814 S. Broadway

19. (a) JUL 29 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bredeck (M. D. or other)
Address 7119 50th Broadway Date signed 7/27/45

Dr. Zeller.

10.30 am

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.....

Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S Broadway

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.