S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34997

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9515

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: City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Twenty Five Years

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. 2648 Allen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James A. Adams
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Alice Adams
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August (Month) 22 (Day) 1870 (Year)
8. AGE: Years 75 Months 2 Days 9 If less than one day hr. min.
9. Birthplace Jefferson Co, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Boiler Maker
11. Industry or business
FATHER 12. Name August Adams
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ann
15. Birthplace Jefferson Co, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Ida Adams
(b) Address 2648 Allen
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5 45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2317 Lafayette
19. (a) NOV 2 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st year 1945 hour 3 minute 230 M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Sclerosis
Due to Arteriosclerosis
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. Alfred J. Perry 3 (M. D. or other)
Address Deputy Coroner Date signed 11-9-45

(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. C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.