S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11

State File No.

Registration District No. 318 Primary Registration District No. 100[illegible] Registrar's No. 1026

2223

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: Homer G. Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ave

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

(d) Street No. 2710 Walnut St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRANK L. ADKINS

3. (b) If veteran, name war

3. (c) Social Security No. 709-01-5429

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased noo (Month) 25 (Day) 1888 (Year)

8. AGE: Years 57 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Hickman (City, town, or county) Ky (State or foreign country)

10. Usual occupation Boiler maker

11. Industry or business

FATHER
12. Name Harrison Adkins
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Vinny Adair
15. Birthplace Hickman (City, town, or county) Ky (State or foreign country)

16. (a) Informant Virginia Bymuni
(b) Address 1210 Holly St Hickman Ky

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 2-1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton Ky ~~Hickman Ky~~

18. (a) Signature of funeral director John W. Heinfahrt
(b) Address 408 S. Fulmore, Kirkwood

19. (a) JAN 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th year 1946 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 2, 19, to 2, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 1-29-46

(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. D. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.