

S. No. 2
DM-5-43
v. 5-17-39
I X3667

FILED MAR 20 1946
Registration District No. 318

Primary Registration District No. 1003

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3926 Wyoming St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Admire

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Willard Admire 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 30, 1871
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Disease of left leg
embolism of left leg
she stopped and fell to the ground
due to fracture of her leg
on Jan. 26 1946 about 5:00 p.m.
St. Louis

8. AGE: Years Months Days If less than one day

<u>74</u>	<u>4</u>	<u>5</u>	hr. min.
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Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Montgomery County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Alpheus Adams

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

14. Maiden name Elvira Hayden

15. Birthplace Strawns Indiana
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicidal (specify) _____

(b) Date of occurrence Jan 26 1946

(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)

Means of injury Car

23. Signature W. F. Bredeck (M.D. or other)
Address St. Louis Date signed 3/7/46

16. (a) Informant Mrs. Maude Smith

(b) Address 3926 Wyoming St.

17. (a) Burial (b) Date thereof March 6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grave-St. Charles

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl

19. (a) MAR 7 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MAR 12 1946
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

Danny W Stewart

Licensed Embalmer No..... 3722.....

P. O. Address..... 412 Duchouquette St......

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.