

STANDARD CERTIFICATE OF DEATH

State File No. 5478  
Registrar's No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

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: Mo. Baptist  
(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

3. (a) PRINT FULL NAME Loretta Henrietta Adams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Fred G. Adams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12 7 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>12</u>	____ hr. ____ min.

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

10. Usual occupation House wife

11. Industry or business Own Home

12. Name William Mohr

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

14. Maiden name Unknown

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

16. (a) Informant Fred G. Adams  
(b) Address 3009 Quiet Lane

17. (a) Burial (b) Date thereof 6-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Ortmann Funeral Home  
(b) Address 9111 Lockland Rd. Overland Mo.  
19. (a) JUN 20 1946 g. f. B. B. Beck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Overland  
(If outside city or town limits, write "RURAL") NR 13  
(d) Street No. 3009 Quiet Lane  
(If rural, give location) NR 13  
(e) Citizen of foreign country? No (Yes or No) /  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 - day 19  
year 1946 hour 10 minute 10 AM.  
21. I hereby certify that I attended the deceased on June 19 1946  
20 1946 to June 19 1946  
that I last saw her alive on June 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary Indefinite  
Due to Cause not known

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Ovary  
with metastasis  
Of autopsy None

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John D. Hayward (M. D. or other) \_\_\_\_\_  
Address Metropolitan City St. Date signed 6/19/46

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

MOTHER FATHER

**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.....

*A. C. Ortman*

Licensed Embalmer No. *3478*

P. O. Address.....

**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.**