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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 24987

Registration District No. 318 Primary Registration District No. Registrar's No. C221

1. PLACE OF DEATH:
(a) County ST Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST Lukes Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution I2 Days (Specify whether years, months or days)
In this community I2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Madison
(c) City or town Granite City Ill (If outside city or town limits, write "RURAL")
(d) Street No. 2I27 Bryan Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ollie Adams
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 20 (Day) I865 (Year)
8. AGE: Years 8I Months 3 Days 23 If less than one day hr. min.
9. Birthplace Mount Vernon (City, town, or county) Ill (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name L Whitlock
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Hutchison
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Minnie McGovern
(b) Address 23I6 Missouri Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July I3 I946 (Month) (Day) (Year)
(c) Place: burial or cremation ST Johns Granite City
18. (a) Signature of funeral director Frank Mercer
(b) Address I4I6 Niedringhaus Granite City
19. (a) JUL 15 1946 (Date received local registrar) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour 1 minute 1:55 A.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.

Immediate cause of death	Duration
Fracture left femur	
Apoplexia cerebri	
Due to the deceased fell from porch to the ground while walking at her home 2127 Bryan Ave. Granite City Ill.	
Died in Jackson on chart June 29th 1946	

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) Accident
(b) Date of occurrence June 29 1946
(c) Where did injury occur? St Louis Mo (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) Home
While at work (e) Means of injury Fall
23. Signature Alfred Terry M.D. (M.D. or other)
Address Date signed

(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 Charles E. Mercer

Licensed Embalmer No. 298

P. O. Address Granite City Ill.

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.