

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34536
State File No. _____
Registrar's No. 151

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 310 Franklin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Jessie E. Adams

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

4. Sex Male 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Adams
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased June 10 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Vicksburg Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

12. Name Jessie Adams
13. Birthplace Unknown Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Maranda Young
15. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Adams

(b) Address 310 Franklin St.

17. (a) Burial (b) Date thereof Oct. 9, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) 10/10/46 (b) Frankie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. CHARLES
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 310 Franklin St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 3rd day _____
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1 Sept 21st to Oct 3rd
that I last saw him alive on Oct 2, 46 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the Liver
Duration 2 Mts.

Due to Carcinoma of Stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach
Of operations Free
Of autopsy H&B
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 A. P. Erich Schurz (M. D. or other) _____
Address St Charles Date signed 10/10/46

285 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-15-46

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 Fulton & Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13. Mo

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.