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FILED NOV 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9232**

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 **3153rd Park Av. 1**
(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 **ADAM HENRY VROMAN**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **MALE**
5. Color or race **W.**
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 **SEPT. 17 1890**
(Month) (Day) (Year)

8. AGE: Years **56** Months **1** Days **10**
If less than one day _____ hr. _____ min.

9. Birthplace **COHOES NEW YORK**
(City, town, or county) (State or foreign country)

10. Usual occupation **MECHANICAL DRAFTSMAN**

11. Industry or business **Western Cartridge Co.**

12. Name **ADAM VROMAN**

13. Birthplace **NEW YORK**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY CRABLE**

15. Birthplace **NEW YORK**
(City, town, or county) (State or foreign country)

16. (a) Informant **V. Vroman**

(b) Address **3153rd Park Av.**

17. (a) **BURIAL** (b) Date thereof **OCT. 30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY C.E.M.**

18. (a) Signature of funeral director **C. J. Behmer**

(b) Address **3125 Lafayette Av.**

19. (a) **OCT 29 1946** (b) **J. F. Brudeck**
(Date recorded locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3153 A PARK AV.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27**
year **1946** hour **3** minute **30 p.m.**

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

Immediate cause of death **Coronary Occlusion**
Coronary Sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

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) _____
(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) Manner of injury **3**

23. Signature **Thomas J. Callahan** (M. D. or other) _____
Address **Coroner** Date signed **10-27-46**

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.....

Joseph B. Vallman

Licensed Embalmer No. *4014*

P. O. Address.....

3925 Lafayette Ave 4

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.