

FILED OCT 24 1947
National Office of Vital Statistics
Registration District No. Dist. 45555 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9549

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 723 Marion Street
23 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VERNON ADAMS

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 18, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 9 24 hr. min.

9. Birthplace Ullin, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Elementary school

12. Name Hilbert Adams

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

14. Maiden name Frances Samples

15. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Lemons (mother)

(b) Address 723 Marion Street

17. (a) burial (b) Date thereof 10-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scheller, Illinois

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) OCT 14 1947 (b) J.F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1947 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from 9-25-47
_____, 19____, to 10-12-47, 19____;
that I last saw him alive on 10-12-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever
Duration 3 weeks

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy Same

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 [unclear] (M. D. or other) 0
Address 1515 Lafayette Date signed 10-14-47

WRITE PLAINLY—USING 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.....

O W Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

201 Fayette

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.