S. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2202

State File No. 415

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: 3811 McRee Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3811 McRee Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William W. Adams

3. (b) If veteran, name war

3. (c) Social Security No. 497-09-8390

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Gertrude A. Adams

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 12th, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	1	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Paint

FATHER
12. Name Alph E. Adams
13. Birthplace Ind. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elvira Haydan
15. Birthplace Ind /
(City, town, or county) (State or foreign country)

16. (a) Informant Alex H. Adams (Brother)

(b) Address 5016 Ridge Ave

17. (a) Burial (b) Date thereof Jan. 16th 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 N. Kingshighway

19. (a) JAN 14 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1948 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Dec 1 - 47, 19, to Jan 13, 1948, that I last saw him alive on Jan 10th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
About	5 yrs
Due to Chronic Bronchial Asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy No

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (e) Means of injury no 0

23. Signature T. A. O'Brien (M. D. or other)

Address No 8-1657 So Grand Blvd Date signed Jan 14-48

Jefferson City Printing Co.

(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.....Ezy W Wilkinson

Licensed Embalmer No.....3575

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.