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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

FILED MAR 4 1948

Registration District No. 818

Primary Registration District No. 1003

State File No. 6682

Registrar's No. 1877

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ood

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

(d) Street No. 10 4118 Harris ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jonas McAdoo

3. (b) If veteran, name war None

3. (c) Social Security No. 494-09-0173

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife dead

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

7. Birth date of deceased March 18, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	2	hr. min.

9. Birthplace Murfreesboro, Tennessee. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Pegues
(b) Address 4118 Harris Ave.

17. (a) Burial (b) Date thereof 2/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.

19. (a) FEB 24 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1948 hour 7 45 P.M. minute M.

21. I hereby certify that I attended the deceased from 1/15/47
, 19 , to 2/20 1948;
that I last saw him alive on 2/19 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of b

Due to Prostate

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature N. C. Bruhn (M. D. or other)

Address 9417 Kirk Date signed 2/25/48

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. Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St. Louis 13.

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.