

No. 300  
-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAR 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7338  
Registrar's No. 498

Registration District No. 317

Primary Registration District No. 3064

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Ferguson  
(c) Name of hospital or institution:  
300 Hereford Ave.  
(d) Length of stay: In hospital or institution Life  
In this community Life years, months or days

3: (a) PRINT FULL NAME John Russell Adams  
3. (b) If veteran, name war World War 1. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen Young Adams 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased 1896 Mar. 13  
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Cashier

11. Industry or business Retail Credit

MOTHER FATHER { 12. Name William H. Adams  
13. Birthplace Illinois  
14. Maiden name Anna M.  
15. Birthplace Missouri.

16. (a) Informant Helen Adams  
(b) Address Ferguson, Missouri

17. (a) Burial (b) Date thereof 2/23/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director White Funeral Home  
(b) Address Ferguson, Missouri

19. (a) 2-23-48 (b) Paul G. Shaw  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(d) Street No. 300 Hereford  
(e) Citizen of foreign country? ---  
If yes, name country ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 21  
year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Feb 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Serebral Membr. Rupt.  
Duration hrs.

Due to Hypertensive cardio-vascular renal disease

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0

23. Signature Joseph D. July (M. D. or other) M.D.  
Address 901 St. Florian St. Ferguson Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1948

MAR 9 1948

MAR 9 1948

MAR 8 1948

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Pergamon, 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.