S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24906

FILED JUL 31 1948

Registration District No. 3087 Primary Registration District No. 3069 Registrar's No. 1708

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No. 205 Locust 2
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES OSCAR ADAMS ~~Clarence Oscar Adams~~
3. (b) If veteran, name war No
3. (c) Social Security No. 494-03-3871
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife ~~Unknown~~ EDNA E.
6. (c) Age of husband or wife if alive 65 65 Unk. years
7. Birth date of deceased May (Month) 12 (Day) 1882 (Year)

8. AGE: Years 66 Months 2 Days 0 If less than one day hr. min.
9. Birthplace Hamilton Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business
12. Name John Calvin Adams
13. Birthplace Charleston (City, town, or county) S. Carolina (State or foreign country)
14. Maiden name Iantha Jane Martin
15. Birthplace Paris (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Miss Mary Hustermann
(b) Address Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg-Vitt
(b) Address Washington, Mo.
19. (a) 7-13-48 (Date received local registrar) (b) Cecil C. Sharp MD (Registrar's signature)

Call by ap. H. C. Stable

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1947, to July 12, 1948 that I last saw him alive on July 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma — of tongue, metastases to neck, — Duration 10 mos. 1 month
Due to 1st operation + radon 11-22-47
2nd " 3-21-48
3rd " 7-12-48
Other conditions (Include pregnancy within 3 months of death) 45 b
Major findings: Extensive ulceration left tonsil + tongue, 1947, and left neck metastases and tongue, 1948.
Of autopsy:

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

23. Signature Charles Sherwin (M. D. ~~or other~~)
Address 3720 Washington Date signed 7-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 18 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.....No Embalmer.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28TH day of October, 1948, before me appears Mildred Elizabeth Adams Oberle, who, upon her oath, states that the original record of ~~birth~~ death for Charles Oscar Adams died ~~born~~ July 12, 1948, in the State of Missouri, and which was filed at Jefferson City on July 31, 1948 should be corrected as follows:

Item No. 3 should read Charles Oscar Adams
Instead of Clarence Oscar Adams

Item No. 6(b) should read Edna E. Adams
Instead of Unknown

Item No. 6(c) should read 65
Instead of Unk.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mildred Elizabeth Adams Oberle Daughter
Relationship.

604 Tiffin Ave., Ferguson, Mo.
Present Address.

Subscribed and sworn to before me this 28TH day of October, 1948

My Commission expires Sept. 13, 1950 Dorothy A. Niemeier Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FILE CLOSED OCT 29 1948

Form V. S. 135
50M—4-43
I X36667

OCT 30 1948

S-24906