FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7683

FILED SEP 20 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess 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 Phelps

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

(d) Street No. N.R. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George A. Adams

3. (b) If veteran, name war No

3. (c) Social Security No. 498-09-0255

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Adams

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 16 (Day) 1886 (Year)

8. AGE: Years 62 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

FATHER
12. Name Morgin Adams
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rachel Schumate
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Louise Adams
(b) Address St. James, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Albert H. Hopne
(b) Address 4700 Washington Blvd.

19. (a) AUG 31 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 28 day 28 year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-23 8-28, 1948, to , 19 that I last saw him alive on 8/28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chr. Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
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 P.B. Cappel (M. D. or other) MD
Address 3284 Evanhoe Date signed 8/30/48

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.

SEP 20 1966

Signed Frank J. Hyland

Licensed Embalmer No. 2675

P. O. Address St Louis 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.