

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9736**
Registrar's No. **2183**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) 2313^{1/2} (Kear) Delmar	
3. NAME OF DECEASED (First) JOE (Type or Print)		b. (Middle) _____ c. (Last) ADAMS	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-22-1890	
9. AGE (In years: last birthday) 58		10. IF UNDER 1 YEAR: Months 8 Days 14	
11. BIRTHPLACE (State or foreign country) SUMNER Co. Ala		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME STEPHEN ADAMS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE HATTIE ADAMS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 491-18-8836		17. INFORMANT'S SIGNATURE OR NAME Willie McKinley Adams ADDRESS #6 St Clair E. St. Louis, Ill	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION OPX	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. [Signature] (Degree or title)		23b. ADDRESS 3130 Clark	
23c. DATE SIGNED 3/9/49			
24a. BURIAL (CREMATION, REMOVAL) Removal		24b. DATE 3-12-1949	
24c. NAME OF CEMETERY OR CREMATORY HANLEY		24d. LOCATION (City, town, or county) (State) New Hanley, Miss Ala	
DATE REC'D BY LOCAL REG. 6:00 a		REGISTRAR'S SIGNATURE J. B. Pasater	
25. FUNERAL DIRECTOR'S SIGNATURE Peoples UND. Co		ADDRESS 3100 Franklin Ave	

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed James G. Pettus

Signed _____
Student Embalmer

Licensed Embalmer No. 4184
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.