

#96339

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6188**

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) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Affton	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 9312 Althea Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) PHILLIP		b. (Middle) ADAMS	
c. (Last)		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept 16, 1869		9. AGE (In years last birthday) Months Days Hours Min. 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Koch Hospital	
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Martin Adam		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E. Adam, 9312 Althea Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of left femoral artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hr. 1 yr.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder		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) 52	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X	

22. I hereby certify that I attended the deceased from **4/6/49**, 19___, to **7/15/49**, 19___, that I last saw the deceased alive on **7/15/49**, 19___, and that death occurred at **6:10am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Carter M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7/15/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Church Yd., St. Louis, County, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. JUL 15 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Schumacher Und. 3813 Meramec St	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 _____

Jack Haupt

Student Embalmer No. *231*

working under my personal supervision.

Student

Jack Haupt
Student Embalmer

Signed _____

Francis Williamson

Licensed Embalmer No. *3565*

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.