

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42235**
Registrar's No. **10879**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10879			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 5-9-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 26 2007 Salisbury			
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmiry Hospital									
3. NAME OF DECEASED a. (First) ERNEST (Type or Print)			b. (Middle) _____		c. (Last) ADAM		4. DATE OF DEATH (Month) (Day) (Year) Dec 16 1949		
5. SEX MALE		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-24-1891		9. AGE (In years last birthday) 58 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) musician			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Rolla Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Adams			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lena			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lena Adams ADDRESS 6444 Marquette					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage (Recurrent)				DUE TO (c) Malignant Hypertension				10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of Prostate								4 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? B31X					
22. I hereby certify that I attended the deceased from 5-3 , 19 49 to Dec 16 , 19 49 , that I last saw the deceased alive on Dec 16 , 1949, and that death occurred at 5:40 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Masao Ohimoto M.D.				23b. ADDRESS 5800 Arsenal			23c. DATE SIGNED 12/17/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-19-49		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. DEC 19 1949		REGISTRAR'S SIGNATURE JOB Parater			25. FUNERAL DIRECTOR'S SIGNATURE Roseland Mortuary ADDRESS 4104 Manchester				

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

62831

PAID

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.

Student
Student Embalmer

Signed Howard A Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 18 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.