

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5931**
Registrar's No. **1976**

318 **1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS MO c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 3108 MORGANFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS d. STREET ADDRESS (If rural, give location) 16 3108 MORGANFORD	
3. NAME OF DECEASED (Type or Print) CHARLES W ADAMS		4. DATE OF DEATH (Month) (Day) (Year) FEB. 28 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 11 1874
9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months 10 Days 17 if UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) MASSACHUSETTS 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GOV. EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME ARTHUR ADAM		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE JESSIE ADAMS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or date of service) _____	
16. SOCIAL SECURITY NO. 496-09-4010		17. INFORMANT'S SIGNATURE OR NAME JESSIE ADAMS ADDRESS 3108 MORGANFORD	
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) Myocardial Stenosis		INTERVAL BETWEEN ONSET AND DEATH not known about 2 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arterio sclerosis several years	
DUE TO (c) _____		DUE TO (d) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
myocarditis		not known	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20: AUTOPSY? YES <input 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) _____			
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? _____		410X	
22. I hereby certify that I attended the deceased from Feb. 24 1950 , to Feb. 28 1950 , that I last saw the deceased alive on Feb. 24 1950 , and that death occurred at 3:20 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Friedman M.D.		23b. ADDRESS 3146 Morganford	
23c. DATE SIGNED Feb. 28 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE MAR. 1 1950	
24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		24d. LOCATION (City, town, or county) ST. LOUIS MO	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Maroon	
DATE REC'D BY LOCAL REG. MAR 1 1950		REGISTRAR'S SIGNATURE J. B. Sawyer	

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

2009

