

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14307

State File No. 3803

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

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1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Hosp = 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis - 22nd
d. STREET ADDRESS (If rural, give location) 1411 Colo St.

3. NAME OF DECEASED
a. (First) Thomas
b. (Middle) _____
c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year)
3 25 50

5. SEX Male **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single

8. DATE OF BIRTH 11-18-98 **9. AGE** (In Years) (Months) (Days) (Hours) (Min.) 51 1/2

10a. USUAL OCCUPATION (If not kind of work done during most of working life, even if retired) clerk **10b. KIND OF BUSINESS OR INDUSTRY** clerk **11. BIRTHPLACE** (State or foreign country) Ill **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Wm K **13b. MOTHER'S MAIDEN NAME** Wm K **14. NAME OF HUSBAND OR WIFE** Wm K

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no **16. SOCIAL SECURITY NO.** Wm K **17. INFORMANT'S SIGNATURE OR NAME** Wm K **ADDRESS** 1200 Clark

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) _____
ANTECEDENT CAUSES
DUE TO (b) Other Renal
DUE TO (c) Oedema of Brain
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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** _____ **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** HAD X

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. ... (Degree or title) **23b. ADDRESS** 1300 Clark **23c. DATE SIGNED** 3/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ **24b. DATE** APR 25 1950 **24c. NAME OF CEMETERY OR CREMATORY** Anatomical House **24d. LOCATION** (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. APR 25 1950 **REGISTRAR'S SIGNATURE** J. B. Foster **25. FUNERAL DIRECTOR'S SIGNATURE** Rowland ... **ADDRESS** 6104 Manchester Ave. St. Louis 10, Mo.

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

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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~~ by Student
at College of Mortuary Science Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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.