

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2311

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 32

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>ST. LOUIS</b>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ENROUTE TO CITY HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <span style="float: right;">2249</span>  d. STREET ADDRESS (If rural, give location) <b>350I S. 2nd STREET</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>EMERY</b> b. (Middle) <b>ALLEN</b> c. (Last) <b>ADAMS</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JAN. 2, 1951</b>	
<b>5. SEX</b> <b>MALE</b> <span style="font-size: 2em;">0</span>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JAN. 17, 1910</b>
<b>9. AGE</b> (In years last birthday) <span style="font-size: 2em;">40</span> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>WELDER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____
<b>11. BIRTHPLACE</b> (State or foreign country) <b>MALDEN, MISSOURI</b> <span style="font-size: 2em;">0</span>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>13a. FATHER'S NAME</b> <b>JALEN ADAMS</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>KATHERINE (UNKNOWN)</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>FRIEDA</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>FRIEDA ADAMS</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>19. ADDRESS</b> <b>ST. LOUIS, MO.</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Coronary Thrombosis</b>  DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>H'201</b>	
<b>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.</b>			
<b>23a. SIGNATURE</b> <i>Patrick E. Taylor</i> (Deputy or title)		<b>23b. ADDRESS</b> <b>1300 Clark</b>	
<b>23c. DATE SIGNED</b> <b>1/3/51</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	
<b>24b. DATE</b> <b>JAN. 5, 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MT. HOPE CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>1200 LEMAY FERRY ROAD</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 3 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. HOFFMEISTER U. &amp; L. CO.</b>	
<b>ADDRESS</b> <b>7817 SO. BROADWAY, ST. LOUIS, MO.</b>		_____	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Louis C. Hoffmeister*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.