

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9812

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2134

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		1. STREET ADDRESS (If rural, give location) 3224 Montgomerly			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HENRY	b. (Middle) BERTRAM	c. (Last) ADAMS	MAR.		1 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Nov 11, 1872	9. AGE (In years last birthday) 78	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rhode Island	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME George Adams	13b. MOTHER'S MAIDEN NAME Rebecca Lake Wood	14. NAME OF HUSBAND OR WIFE None
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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 MR. BAKER 2331 MULLANPKY	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or condition which caused death.		
ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of femur		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-21-51 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell out of bed
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22. I hereby certify that I attended the deceased from 2-21-51, 19__, to 3-7-51, 19__, that I last saw the deceased alive on 3-1-51, 19__, and that death occurred at 4:40 A. M., from the causes and on the date stated above.

23a. SIGNATURE Ralph B. Casater M.D.	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 3-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-7-51	24c. NAME OF CEMETERY OR CREMATORY C. H. V. V. V.	24d. LOCATION (City, town, or county) (State) St. Louis, MO
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DATE REC'D BY LOCAL REG. MAR 6 1951	REGISTRAR'S SIGNATURE J. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE C. H. H. - K. H. H.	ADDRESS 4086 Lindbergh
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Students of Mortuary College
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James A. Lemmers*
Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.