

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32696

8984

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

3

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital

d. STREET ADDRESS (If rural, give location) 3729 Olive

3. NAME OF DECEASED
a. (First) Elzie
b. (Middle) Roy
c. (Last) Adams

4. DATE OF DEATH
(Month) (Day) (Year)
Sept. 24, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marrued

8. DATE OF BIRTH Dec. 31, 1904

9. AGE (In years last birthday) 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and State or Foreign Country) Marion Co., Illinois

12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram Adams

13b. MOTHER'S MAIDEN NAME Anna Mae Nichols

14. NAME OF HUSBAND OR WIFE Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Louise Adams, 3729 Olive St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c) _____

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? 4201

22. I hereby certify that I attended the deceased from _____, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Patrick E. Taylor, M.D.

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 9.26.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-29-52

24c. NAME OF CEMETERY OR CREMATORY Clavery

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. SEP 26 1952

REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 37491

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.