

STANDARD CERTIFICATE OF DEATH

State File No. **4242**

FILED JAN 30 1953

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 0246	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) NORMANDY		c. LENGTH OF STAY (in this place) 6 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) Pinckney			
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC HOSP.				d. STREET ADDRESS (If rural, give location) 3709 MANOLA 4151			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) THOMAS		c. (Last) ADKINS		4. DATE OF DEATH (Month) 1 (Day) 22 (Year) 53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Nov 25 1873		9. AGE (in years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Watchman		10b. KIND OF BUSINESS OR INDUSTRY Farming - Industrial		11. BIRTHPLACE (State or foreign country) Columbia Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Adkins, John		13b. MOTHER'S MAIDEN NAME Harding, Mary		14. NAME OF HUSBAND OR WIFE Pelley, Elizabeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-22-7484		17. INFORMANT'S SIGNATURE OR NAME Bene Saunders		ADDRESS 3528 Madison	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS				INTERVAL BETWEEN ONSET AND DEATH Not known			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LEFT SIDE VENTRICULAR HYPERTROPHY AND FAILURE DUE TO (c) ARTERIO-SCLEROSIS							
11. 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		4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. 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) NORMANDY ST. LOUIS MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-17 , 19 53 , to 1-23 , 19 53 , that I last saw the deceased alive on 1-23 , 19 53 , and that death occurred at 11:56 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE L.R. Garner D.O.				23b. ADDRESS 917 Airport Rd Ferguson		23c. DATE SIGNED 2-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/23/53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) North, Missouri	
DATE REC'D BY LOCAL REG. 1-23-53		REGISTRAR'S SIGNATURE Harriet R. Drake		25. FUNERAL DIRECTOR'S SIGNATURE H. P. Stuart		ADDRESS 1235 Union	

FEB 19 1963

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 _____

Melvin L. Heniger

Signed
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

to Jones 20, me

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri
 City of St. Louis } ss.
 County of St. Louis

State File No. 4242
 Local Registrar's No. 317

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of February, 1953, before me appears Irene Saunders, who, upon oath, states that the original record of birth for WILLIAM THOMAS ADKINS, born NOV. 15, 1873, 19 , in the State of Missouri, and which was filed at CLAYTON, MO on JAN. 23, 1953, should be corrected as follows:

Item No. 1 should read NOVEMBER 15, 1873

Instead of NOVEMBER 20, 1872

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Irene Saunders

Daughter Relationship.

3528 Maywood St. Louis 20, Mo.
 Present Address.

Subscribed and sworn to before me this 6th day of February, 1953

My Commission expires January 26 - 1957 Hazel C. Swanson Notary Public.

