

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8192**

State File No. ....

S. No. 300  
v. 10-48

**FILED MAR 4 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 612

4003  
1

Dr. W. H. Hedden

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>10 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		<b>? 4793</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9600 Hiway 66</b>			d. STREET ADDRESS (If rural, give location) <b>9600 Hiway 66</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>JANE</b>	c. (Last) <b>ADAMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 16, 1865</b>	9. AGE (in years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>never worked</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Longrove, Scott Co., Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Balmer</b>		13b. MOTHER'S MAIDEN NAME <b>? Dow</b>	14. NAME OF HUSBAND OR WIFE <b>Jos. B. Adams</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edw. K. Johnson, 9600 Hiway 66, Kirkwood</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 DAYS.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b>				Indef
	DUE TO (c) <b>Arteriosclerosis-Senility</b>				Indef
	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 <b>443X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.)	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 <b>Nov 11, 1952</b> to <b>FEB 18, 1953</b> , that I last saw the deceased alive on <b>FEB 14, 1953</b> , and that death occurred at <b>11 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. Dewey Peter Jr. D.O.</b>		23b. ADDRESS <b>Box 91 FENTON, Mo</b>		23c. DATE SIGNED <b>2-20-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2/20/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-21-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Bopp, Inc. Kirkwood</b>		

(Licensed Embalmer's Statement on Reverse Side)

710

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Felix Husband*

Licensed Embalmer No. *3034*

P. O. Address *Midwood 22nd*

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.