

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13103**
Registrar's No. **3953**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3953	
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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis, Mo		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				• STREET ADDRESS (If rural, give location) 3956 Lincoln 2119			
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) _____			c. (Last) Adams	
4. DATE OF DEATH (Month) (Day) (Year) April 28, 1954							
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 7-9-1895	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR 9 Months 17 Days		IF UNDER 12 HOURS _____		9. AGE (In years last birthday) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Halisville, Texas		12. CITIZEN OF WHAT COUNTRY? U.S. A	
13a. FATHER'S NAME George Adams			13b. MOTHER'S MAIDEN NAME Millie ?			14. NAME OF HUSBAND OR WIFE Lena Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-09-3699		17. INFORMANT'S SIGNATURE OR NAME Lena Adams ADDRESS 3956 Lincoln Ave			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH Undt
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION /				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) 1-5-3 X			
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 Feb. 2, 1954 , to Apr. 28, 1954 , that I last saw the deceased alive on Apr. 28, 1954 , and that death occurred at 1:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. B. Williams, M. D.				23b. ADDRESS 2601 North Whittier		23c. DATE SIGNED 4/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-3-54		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. MAY 3 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal Und.Co. ADDRESS 4303 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Signature of Student Embalmer

Signed.....
Samuel W. King

Licensed Embalmer No. *480*

P. O. Address *3123 Road*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.