

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25627
Registrar's No. 1502

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY OR TOWN **Maplewood**
c. LENGTH OF STAY (in this place) **11 YEARS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **7454 Hazel Ave**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **Maplewood 4547**
d. Is Residence within limits of a city or incorporated town? **Yes**
e. STREET ADDRESS (If rural, give location) **7454 Hazel Ave**

3. NAME OF DECEASED (Type or Print)
a. (First) **Ambrose** b. (Middle) _____ c. (Last) **Adams**

4. DATE OF DEATH (Month) (Day) (Year)
June 25, 1954

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Oct. 10, 1880**

9. AGE (In years last birthday) **73**
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Lineman Retired '41**

10b. KIND OF BUSINESS OR INDUSTRY **Union Electric**

11. BIRTHPLACE (City and State or Foreign Country) **Frankfort County, Ky.**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **John Adams**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Maggie Pariss Adams**

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. **493-05-1396a**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Maggie P. Adams 7454 Hazel 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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **Coronary Thrombosis**
ANTECEDENT CAUSES **Coronary thrombosis**
DUE TO (a) _____ (b) _____ (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Prostatic Hypertrophy**
Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH
13 hrs
6 yrs
2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-29-53** to **6-25, 1954**, that I last saw the deceased alive on **6-23 1954**, and that death occurred **8:40 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **H. S. Prichard M.D.**

23b. ADDRESS **2816 Sutton**

23c. DATE SIGNED **6-26-54**

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

24b. DATE **6-28-54**

24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park Cemetery**

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

DATE REC'D BY LOCAL REG. **6-26-54** REGISTRAR'S SIGNATURE **Neubert R. Donker M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mittelberg Funeral Home, Inc. 73 W. LOCKWOOD AVE WEBSTER GROVES Mo.**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Harris*.....

Licensed Embalmer No. *4110*.....

P. O. Address *St. Paul*.....

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.