

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1956

17497
State File No. 5377
Registrar's No.

318

1003

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|--|--|---|--|--|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | | |
| b. CITY OR TOWN <u>ST. LOUIS Mo</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>ST. LOUIS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN Bros. Hosp. 2</u> | | | | e. STREET ADDRESS (If rural, give location) <u>6211 ROBERT</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> | | | b. (Middle) <u>ADAMIE</u> | | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 3 1956</u> | | | | | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | | 8. DATE OF BIRTH <u>Nov. 4 1901</u> | | |
| 9. AGE (In years last birthday) <u>54</u> | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Hours | | IF MIN. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>KITCHEN CLERK</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JOSEPH ADAMIE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>EVA SHELBY</u> | | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EVA ADAMIE 6211 ROBERT</u> | | | |
| 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* (a) <u>Pulmonary Emboli</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Dis.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>416x</u> | | | | | 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) <u>St. Louis Mo</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <u>Jan 1954</u> , to <u>6/3/56</u> , 19___, that I last saw the deceased alive on <u>6/3/56</u> 19___, and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>R Arnezera md</u> | | | 23b. ADDRESS (Degree or title) <u>539 N. Grand</u> | | | 23c. DATE SIGNED <u>6/4/56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JUNE 5 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>JUN 5 1956</u> | | REGISTRAR'S SIGNATURE <u>Paul Smith MD</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rute 2906 Beoria</u> | | | |

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 Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leaf Budde

Licensed Embalmer No. *29*

P. O. Address.....
St. Louis

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.