

FILED MAY 25 1956

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

State File No. **17498**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **4220**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17498		Registrar's No. 4220																
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 40 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 3129 LAWTON					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 21 3129 LAWTON 22170																			
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) _____ c. (Last) ADAMS			4. DATE OF DEATH (Month) (Day) (Year) Apr. 28 1956			5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar 21, 1889		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 1 Days 7		IF UNDER 18 HRS. Hours _____ Min. _____						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife					10b. KIND OF BUSINESS OR INDUSTRY _____					11. BIRTHPLACE (State or foreign country) South Carolina					12. CITIZEN OF WHAT COUNTRY? U.S.A									
13a. FATHER'S NAME Samuel Washington					13b. MOTHER'S MAIDEN NAME Dora Carlise					14. NAME OF HUSBAND OR WIFE James 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. None					17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes A. Brown					ADDRESS 4139 W. Bell									
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.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular Disease & Hemiplegia										INTERVAL BETWEEN ONSET AND DEATH 1 yr									
					ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____																			
					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 _____					443x					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____					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 1/18, 1956 , to 4/28, 1956 , that I last saw the deceased alive on 4/18, 1956 , and that death occurred at 7 P.M. , from the causes and on the date stated above.										23a. SIGNATURE Ray L. @ Burns MD (Print or title)					23b. ADDRESS 3146 G. S. Case Lane					23c. DATE SIGNED 4/30/56				
24a. BURIAL - CREMATION, REMOVAL (Specify) _____					24b. DATE 5/3/56					24c. NAME OF CEMETERY OR CREMATORY Washington Park					24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.									
DATE REC'D BY LOCAL REG. APR 30 1956					REGISTRAR'S SIGNATURE Charles Smith MD					25. FUNERAL DIRECTOR'S SIGNATURE Geo. W. Bruce					ADDRESS 4469 W. 11th									

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frederick P. Stark

Licensed Embalmer No. 4599

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