

STANDARD CERTIFICATE OF DEATH

State File No. **17500**

FILED JUN 7 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5045**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Paul Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>5 56-56 Chamberlain 2059</i>					
3. NAME OF DECEASED a. (First) <i>Teresa</i>			b. (Middle) <i>Kay</i>		c. (Last) <i>Adams</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 23 1956</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>May 23, 1956</i>		9. AGE (in years last birthday) 9 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S</i>	
13a. FATHER'S NAME <i>Clair R. Adams</i>			13b. MOTHER'S MAIDEN NAME <i>Betty Sue Demay</i>			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) <i>NO</i>			16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clair R. Adams 5656 Chamberlain</i>				
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) <i>Premature birth, neonatal death</i> 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. <i>Twins</i>						INTERVAL BETWEEN ONSET AND DEATH <i>9 hrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>773.5</i>						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) (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 <i>5-23-56, 1956</i> , to <i>death 5-23, 1956</i> , that I last saw the deceased alive on <i>5-23</i> , 1956, and that death occurred at <i>2 p m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Elizabeth K. Gay MD</i>					23b. ADDRESS <i>6000 W. Florissant Ave</i>		23c. DATE SIGNED <i>5-24-56</i>		
24a. BURIAL OR CREMATION REMOVAL (Specify) <i>REMOVED</i>		24b. DATE <i>5-28-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Uphala Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>			
DATE REC'D BY LOCAL REG. <i>MAY 25 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jos. W. Clark Inc. 1125 Vandeventer Ave.</i>				

(Licensed Embalmer's Signature on Reverse Side)

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 *Alfred J. Boedeker*
Licensed Embalmer No. *214*

P. O. Address *11257th*

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.