

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037550
STATE FILE NUMBER
9317
Registrar's No.

FILED OCT 23 1958

Registration District No. 318 Primary Registration District No. 1003

X
300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>147 5027^a MARDEL</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>LUCILLE ORPHA ADKINS</i>		4. DATE OF DEATH Month Day Year <i>SEPT. 25 1958</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>SEPT. 6 1901</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MEDICAL CLERK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>CITY OF ST. LOUIS</i>	11. BIRTHPLACE (City and state or country) <i>ILLINOIS</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>MARTIN HENRY</i>	
13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>UNKNOWN</i>	
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>498-20-9514</i>	17. INFORMANT Address <i>JUNE LEVIN 5027^a MARDEL</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal Hemorrhage</i> <i>Multiple Fractures</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Internal Hemorrhage</i> DUE TO (c) <i>Multiple Fractures</i>			19. INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (List in reverse order of importance to the terminal disease condition on PART I) <i>Was operated by one Dr. J. J. ...</i>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART IV or PART V (item 18)) <i>Car all in injury of ...</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>8:25 a.m. September 25, 1958</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>25 Street</i>	
20e. CITY, TOWN, OR LOCATION <i>St. Louis MO</i>		20f. COUNTY STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>147</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Quinn</i> (Deputy) from <i>3</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>9/29/58</i>		22d. REGISTERAR'S SIGNATURE <i>Paul Smith MO</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>SEPT 29 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>VALHALLA CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>BELLEVILLE ILL.</i>
24. FUNERAL DIRECTOR <i>Thomas Luta 2906 Lewis</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 29 58</i>	26. REGISTERAR'S SIGNATURE <i>Paul Smith MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 C. Hill*

Licensed Embalmer No. *4347*
P. O. Address *2906 Grand*

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.