

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015347

State File No. ....

2 3774

FILED MAY 6 1959

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>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1311 North 8th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) <u>Mc ADAM</u>		c. (Last) <u>Mc ADAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 14 1959</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>8-5-08</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>File Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>									
13a. FATHER'S NAME <u>John M. Adam</u>			13b. MOTHER'S MAIDEN NAME <u>Mary (Gillen)</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. <u>489-14-2466</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Doris Dodge</u>			
ADDRESS <u>255 Lucille Pl.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LYMPHO SARCOMA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>200.1</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PANCYTOPENIA</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>3/5</u> , 19 <u>59</u> , to <u>4/14</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>59</u> , and that death occurred at <u>6:30</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Winter M.D.</u>				23b. ADDRESS <u>307 S. Euclid St. Louis Mo</u>		23c. DATE SIGNED <u>4/14/59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 18, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery, St. Louis, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 16 '59</u>		REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Wendell Blvd.</u>			

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..... *Francis William*

Licensed Embalmer No. *350*

P. O. Address *3840 Ave*

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.