

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038406

FILED MS NOV 16 1959

STATE FILE NUMBER

Registration District No. 517 Primary Registration District No. 548 Registrar's No. 2887

ENDED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves</u>		c. CITY OR TOWN <u>Webster Groves</u>	
Length of stay in 1b <u>At home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>500 Lee Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>500 Lee Ave.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGE Middle F. Last ADAMS

4. DATE OF DEATH Month Oct. Day 29 Year 1959

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11-18-08 9. AGE (last birthday) 50

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Manager

10b. KIND OF BUSINESS OR INDUSTRY Railway Motors 11. BIRTHPLACE (City and state or country) Enderlin, N. Dak. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Adams 13b. MOTHER'S MAIDEN NAME unk. 14. NAME OF HUSBAND OR WIFE Virginia 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. 470-10-4268 17. INFORMANT Address Virginia Adams, 500 Lee Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary embolism

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic carcinoma-lunga-spinal column ten years

DUE TO (c) Carcinoma right knidney-1949

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 5:20 Month, Day, Year 10/29/59

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1953 to 10/29/59 and last saw her/him alive on 10/29/59

Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D. 22b. ADDRESS 337 W. Lockwood, Webster Groves, Mo 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10-30-59 23c. NAME OF CEMETERY OR CREMATORY St. Anthony's Cem. 23d. LOCATION (City, town, or county) (State) Minneapolis, Minn.

24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves 25. DATE RECD. BY LOCAL REG. 10-30-59 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Walter Gro

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.