

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis,</i>		Length of stay in 1b	c. CITY OR TOWN <i>Affton,</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>7618 Meade Lane.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>WALTER</i> Middle <i>E.</i> Last <i>ADAMS</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>15th</i> Year <i>1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-5-1933</i>	9. AGE (last birthday) <i>27</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Standard Generator</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Eugene Adams</i>		13b. MOTHER'S MAIDEN NAME <i>Helen Hays</i>		14. NAME OF HUSBAND OR WIFE <i>---</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes Korean</i>		16. SOCIAL SECURITY NO. <i>492-30-7255</i>	17. INFORMANT Address <i>Arthur W. Monnig-7618 General Meade Lane.</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>Hemorrhage caused by ruptured liver</i> <i>extensive subdural hemorrhage</i> <i>apparently when car operated by deceased</i> <i>went out of control and plunged through</i> <i>young Ave viaduct to ground 11:55 PM 11-4-60</i> DUE TO (b) _____ DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 I or PART II of item 18.) <i>See above</i>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <i>19 Street</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	COUNTY _____	STATE _____
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <i>10:00 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Patrick J. Taylor Coroner</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11-7-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov. 9, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>	STATE _____	
24. FUNERAL DIRECTOR ADDRESS <i>Kriegshausen-4228 S. Kingshighway Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 7 1960</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		

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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Edwin A. McHerniman

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.