

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046015

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 AMENDED
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12448 STATE FILE NUMBER

FILED JAN 11 1962

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2736 Stoddard</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Leslie</u> Middle Last <u>Adams</u> | 4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>61</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-11-1903</u> | 9. AGE (last birthday) <u>58</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Ala</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Easaw Adams</u> | 13b. MOTHER'S MAIDEN NAME <u>Letha Stewart</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma Adams</u> |
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| 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>—</u> | 17. INFORMANT Address <u>Bessie Williams Mobile, Ala.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septic Shock</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Perforated Jejunum, etiology undetermined</u> | <u>Undet.</u> |
| | DUE TO (c) <u>578X</u> | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour <u>4:16</u> a.m. p.m. Month, Day, Year <u>12-19-61</u> | 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.) | 20f. CITY, TOWN, OR LOCATION <u>Mobile, Ala</u> COUNTY STATE |
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| 21. I attended the deceased from <u>12-19-61</u> to <u>12-30-61</u> and last saw <u>him</u> alive on <u>12-30-61</u> Death occurred at <u>4:16</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>F.O. Richards M.D.</u> | 22b. ADDRESS <u>2601 N. Whittier Street</u> | 22c. DATE SIGNED <u>1-2-62</u> |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) <u>removal (rail)</u> | 23b. DATE <u>1-4-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) <u>Mobile, Ala</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Dunn Funeral Home 3847 Page</u> | 25. DATE RECD. BY LOCAL REG. <u>JAN 3 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Loed Smith M.D.</u> |
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DATE AWARDED
 INSTALLED
 SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

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.