

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

8536
Do not use this space.

2124

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County / Registration District No.
 (b) Township / Primary Registration District No.
 (c) City St. Louis (d) Street No. 2501 N. Whittier St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert McAdams 235
 (a) Residence, No. 4115 Fairfax St. 11 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE C
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Benton McAdams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Elizabeth Ewing
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wash. Pk. DATE Mar 20 1938

19. FUNERAL DIRECTOR H. L. Beyl und Co
 (ADDRESS) 2726 Lucas Av.

MAR 1 1938
J. P. Bruders

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to Feb. 25, 1938

I last saw him alive on Feb. 25, 1938. Death is said

to have occurred on the date stated above, at 4:50a m.

The principal cause of death and related causes of importance were as follows:

Neurosyphilis

Date of onset
2/12/38

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury !

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) [Signature], M. D.
 (Address) 2601 N Whittier

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, John E. Pope, Licensed Embalmer No. 1463
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E. John E. Pope
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed John E. Pope
Licensed Embalmer No. 1463

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.)