

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37854

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis. 2 Registration District No. 791
(b) Township St. Louis 1 Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 2626 Gamble St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 101812. PRINT FULL NAME Willie Adams

(a) Residence, No. 2626 Gamble St. St. 21 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnnie Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-21st-1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Okolna Miss.

FATHER 13. NAME Will Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Miss.

MOTHER 15. MAIDEN NAME Viney Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Miss.

17. INFORMANT Johnnie Adams
(ADDRESS) 2626 Gamble St18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11-26-193819. FUNERAL DIRECTOR (NAME) Ellis Funeral Home
(ADDRESS) 2820 Stoddard St

20. FILED NOV 12 1938 19 21
J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-38 19 3822. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1938, to Nov. 21, 1938I last saw him alive on Nov. 17, 1938 Death is said to have occurred on the date stated above, at 9 A.M.

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

Pulmonary T. b.
Tuberculosis enteritis

Date of onset

Other contributory causes of importance:

Name of operation 23 Date of _____
What test confirmed diagnosis? clin 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? no

If so, specify _____ (Signed) W. A. Brumley, M. D.
(Address) 2335 Franklin

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, Lonnie Boykin

....., or by myself

Registered Apprentice No., working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2948

P. O. Address St. Louis mo.

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 this body is not embalmed, above space should be left blank.