

STANDARD CERTIFICATE OF DEATH

State File No.

27810

Registration District No.

791
1003

Primary Registration District No.

Registrar's No.

7310

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since 5/16/39
(Specify whether)
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Henry Adkins3253. (b) If veteran, name war No3. (c) Social Security No. None

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Separated
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 11, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 9 _____ hr. _____ min.

9. Birthplace Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

- MOTHER FATHER
 { 12. Name John Adkins
 { 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
 { 14. Maiden name Cellie Watkins
 { 15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annie B. Adkins
 (b) Address 2600 Good ave
 17. (a) Burial (b) Date thereof 8. 24. 39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director W. Kins Bros
 (b) Address 3644 Finney ave
 19. (a) AUG 24 1939 (b) J. B. Bredt
(Date of local burial) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri / (b) County _____
 (c) City or town St. Louis [25]
(If outside city or town limits, write "RURAL")
 (d) Street No. 1631 Carr A
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
 year 1939 hour 11 minute 40 a. M.

21. I hereby certify that I attended the deceased from 5/16/39
 _____, 19____, to 8/20/39, 19____;
 that I last saw him alive on 8/20/39, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary actinomycosis Duration abt. 9 mo

Due to --

Due to -- 13

Other conditions Multiple abscesses of body abt 5 mo
(Include pregnancy within 3 months of death)

(actinomycotic)
 Major findings:
 Of operations --
 Of autopsy --

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
(Specify type of place) (e) Means of injury _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. Chalkley (M. D. or other) _____
 Address 2601 1/2 White Date signed 8/22/39

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.....

Louis V. Atkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.