

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 1003 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: MO. Baptist Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4593 Evans
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Infant Adams 352
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov day 20
year 1939 hour 3:30 minute PM M.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 20th 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from still born, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day Stillborn min.

Immediate cause of death Still Born
Due to _____
Due to _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Other conditions Eclampsia of mother
(include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: none
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Gerald Adams
13. Birthplace Norris City, Ill.
14. Maiden name Hattie record
15. Birthplace Sullivan, Mo.

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? _____

16. (a) Informant's own signature Gerald Adams
(b) Address 4593 Evans Ave.

17. (a) Sullivan, Mo. (b) Date thereof Oct. 22nd 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Rix, Inc
(b) Address 3402 N. Kingshighway

19. (a) OCT 22 1939
(Date received local registrar) (Signature)

23. Signature [Signature] (M. D. or other) _____
Address 634 N. Grand Date signed _____

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Albert W. Kopp

..... Licensed Embalmer No. *1861*

P. O. Address.....

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.