

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.

JAN 12 1940

Registration District No. 721

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town ST. LOUIS
 (c) Name of hospital or institution: CITY HOSPITAL
 (d) Length of stay: _____
 In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 1
 (c) City or town ST. LOUIS
 (d) Street No. 2822 GAMBLE
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME IRVING ADAMS 352
 3. (c) Social Security No. NONE
 4. Sex MALE 5. Color or race WHITE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased about 1866

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC. day 18th
 year 1939 hour 1 minute 20 P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia (left lower)
 Due to _____
 Due to _____
 Other conditions _____
 Major findings _____
 Of operations _____
 Of autopsy _____

9. Birthplace _____
 10. Usual occupation LABORER
 11. Industry or business _____
 12. Name UNKNOWN
 13. Birthplace _____
 14. Maiden name UNKNOWN
 15. Birthplace _____

16. (a) Informant's own signature John Payer
 (b) Address 2331 Muller
 17. (a) BURIAL (b) Date thereof 12-20-39
 (c) Place: burial or cremation CALVARY
 18. (a) Signature of funeral director Bullen + Kelly
 (b) Address 1416 N. Taylor ave.
 19. (a) DEC 20 1939
 (Date registered local registrar) (Signature)

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Alfred Perry (M. D. or other) _____
 Address St. Louis Date signed 12.20.39

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.....

Myself

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

working under my personal supervision.

Signed

R. C. Campbell

Licensed Embalmer No.

3881 (City # 17)

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.