

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 6 days  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Roy E. Adams  
3. (b) If veteran, name war. ---- 3. (c) Social Security No. 494-01-1230

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ---- 6. (c) Age of husband or wife if alive ---- years  
7. Birth date of deceased December 16, 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 9 11 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Bus Driver

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Edwin H. Adams  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wendt  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant X Edwin Adams  
(b) Address 3456 S. Spring

17. (a) Burial (b) Date thereof 10/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldner  
(b) Address 2331 S. Broadway

19. (a) SEP 30 1940 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3456 S. Spring  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 27  
year 1940 hour 11 minute 50 p. M.

21. I hereby certify that I attended the deceased from Sept 23  
1940 to Sept 27, 1940,  
that I last saw him alive on Sept 27-40, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
genl diffuse

Due to Gangrenous Appendix

Due to Circulatory Collapse  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Gangrenous Appendix  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Robt Heyland (M. D. or other) \_\_\_\_\_  
Address 3901 Date signed 9/20-40

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

**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 Robert Wheeler

Licensed Embalmer No. 2128

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.**