

No. 2  
-1-4-41  
5-17-39  
X 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39386

**FILED DEC 1 1941**

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 2377

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 11/20/41  
(Specify whether)

In this community unknown.  
years, months or days)

3. (a) PRINT FULL NAME Lorenzo Adams

3. (b) If veteran, name war Spanish-Amer.

3. (c) Social Security No. Unavailable

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Sept. 12, 1857  
(Month) (Day) (Year)

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

84 2 11 hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER { 12. Name Unavailable

13. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 11 26 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation U.S. National Cemetery

18. (a) Signature of funeral director Bay C Bros

(b) Address So. Kinloch, Mo

19. (a) NOV 25 1941 (b) E. J. Mc Ginnis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town South Kinloch Park  
(If outside city or town limits, write "RURAL")

(d) Street No. Scudder and Jefferson Streets  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd,  
year 1941 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from November 20, 1941 to November 23, 1941  
that I last saw h. im alive on November 23, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arterio-  
sclerotic heart disease with cardiac  
Due to enlargement, myocardial damage and  
myocardial insufficiency. Unknown.

Other conditions Arteriosclerosis, general. Unknown.  
(Include pregnancy within 3 months of death)

Major findings: -

Of operations -

Of autopsy No 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) no

(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 L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer. Date signed 11/24/41

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

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**