

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42949
Registrar's No. 8

FILED JAN 20 1942
Registration District No. 788

Primary Registration District No. 200

6
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8448 Jennings Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rev. John F. Adrian
3. (b) If veteran, name war None
3. (c) Social Security No. None

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 Oct. 4, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 28
If less than one day hr. min.

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

10. Usual occupation Catholic Priest

11. Industry or business
12. Name Herman Adrian
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bruns
15. Birthplace Westphalia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Adrian
(b) Address 8448 Jennings Rd.

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 2 - 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 8448 Jennings Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 2
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 1/7/42
1942 to 1/2 1942
that I last saw him alive on 1/2/42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
[Signature]

Due to [Signature]
Due to [Signature]

Other conditions Hypertension 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
Of autopsy [Signature]

Duration [Signature]
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 [Signature] (M. D. or other) 0
Address 5562 Goodfellow Date signed 1/5/42

Mr. Brown,

5562 East Hill

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 Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E Grand

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.