

FILED JUL 13 1942

State File No.

Registrar's No.

Registration District No. 754

Primary Registration District No. 200

1451

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 180 days
(Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2719a - DICKSON
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME WAYMAN ADAMS

3. (b) If veteran, name war No
3. (c) Social Security No. 497-01-3271

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULA ADAMS
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased MAY - 2 - 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 0
If less than one day hr. min.

9. Birthplace RIPLEY MISS. O
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER ELECTAR CO.

11. Industry or business ELECTAR CO.

12. Name YOUNG ADAMS

13. Birthplace ? MISS O
(City, town, or county) (State or foreign country)

14. Maiden name JULIE ?
15. Birthplace MOBILE ALA. I
(City, town, or county) (State or foreign country)

16. (a) Informant PATIENT
(b) Address KOCH, MO

17. (a) BURIAL (b) Date thereof 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Bur.

18. (a) Signature of funeral director Peoples Thrift Co.

(b) Address 3100 Franklin Ave.

19. (a) JUL 6 - 1942 (b) C. S. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2
year 1942 hour 5 minute 05 P.M.

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

Immediate cause of death Pulmonary Tuberculosis
Duration 1 yr(?)

Due to 12/1/41

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of 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)

(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) Means of injury

23. Signature Samuel S. Kucanick (M.D.)
Address Koch Hwy. Koch, Mo. Date signed 7/2/42

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

96
00

McQuinn

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.....

John Petrus

Licensed Embalmer No. *4184*

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, fact should be so stated above.