

S. No. 2  
DM-5-42  
v. 5-17-39  
I X32873

31675

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 8407

FILED OCT 21 1942  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

662

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

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. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 Days  
(Specify whether \_\_\_\_\_)  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2350 Michigan Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Logan S. Adams  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie G. Adams 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased October 1 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Salesman

11. Industry or business Philo Bros.

MOTHER FATHER { 12. Name Alex Adams  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jessie G. Adams

(b) Address 2350 Michigan Ave.

17. (a) Burial (b) Date thereof 10/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker, Helder, King, Co

(b) Address 3634 Gravois Ave.

19. OCT 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 8th, year 1942, hour 7, minute 45 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.

Immediate cause of death Suddural pneumonia  
chronic myocardial with coronary atherosclerosis  
bronchopneumonia  
due to a fall of his trunk in an alley on the rear of 925  
Belleview Blvd about  
12:50 PM Sept 18 1942

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.  
Heart Disease

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 18 1942

(c) Where did injury occur? St Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? yes (Specify type of place) \_\_\_\_\_  
Means of injury fall

23. Signature Thomas F. Callahan (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 10/12/42

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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..... *Robert C. White* .....

Licensed Embalmer No. *2128* .....

P. O. Address..... *Robert C. White* .....

**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.**