

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35122

State File No.

9376

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2167 S. Spring Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (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. 2167 S. Spring Avenue (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James M. Adam

(b) If veteran, name war No

(c) Social Security No. 489-05-3565

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-18-42
to 10-31-42

that I last saw him alive on 10-31-42
and that death occurred on the date and hour stated above.

Immediate cause of death
Angina Pectoris
Chloroform overdose

Duration

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature Thos H. Hanner (M. D. or other) _____

Address 3651 Grand Blvd Date signed 11/9/42

MOTHER FATHER

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

10. Usual occupation Manager of Grain & Feed Dept

11. Industry or business Anheuser-Busch

12. Name James Adam

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

14. Maiden name Christina McIntosh (City, town, or county) (State or foreign country)

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

16. (a) Informant Florence Adam

(b) Address 2167 S. Spring Ave.

17. (a) Burial (b) Date thereof 11 11 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hecker Hildesh Weld. Co.

(b) Address 3634 Gravois Avenue

19. (a) NOV 10 1942 (Date received local registration) J. F. Brodeck (Registrar's signature)

547 - (Licensed Embalmer's Statement on Reverse Side)

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

W. G. H. Hanner et al

[Handwritten initials]

SEP 6 1948

1948

Kaman
Abraham

Embalmer's Separate Certificate filed - 11/10/42

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.