

FEB 2 1945
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Norma Jean Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 April 15 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 9 10 hr. min.

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

10. Usual occupation School Girl

11. Industry or business

MOTHER FATHER {
12. Name Clyde Adams
13. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Linstromberg
15. Birthplace Bourbon, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Adams
(b) Address Bourbon, Missouri

17. (a) Burial (b) Date thereof 1/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JAN 26 1943 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Bourbon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1943 hour 7 minut 28 P.M.

21. I hereby certify that I attended the deceased from Jan 1st 1943 to Jan 25 1943
that I last saw her alive on Jan 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial damage
Duration _____

Due to Chronic Glomerulonephritis (nephrotic syndrome) 2 yrs.
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 Royalty Martin (M. D. or other) MD
Address Firmin Desloge Hosp. Date signed 1-25-43

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

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..... *Esj W Wilkinan*.....
Licensed Embalmer No..... *3575*.....

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.