No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8034

State File No. 1005

Registration District No. 318

Primary Registration District No.

Registrar's No. 2691

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En Route City Hosp # 13 (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)

2. USUAL RESIDENCE OF DECEASED: 801

(a) State Mo (b) County 1 "

(c) City or town St. Louis 9 24 (If outside city or town limits, write "RURAL")

(d) Street No. 817 Market St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country No attending Physician 0

3. (a) PRINT FULL NAME Joseph Martin Adams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced D 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 28 (Day) 1884 (Year)

8. AGE: Years 58 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Q. Adams
13. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Catherine Schuff
15. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

16. (a) Informant Frank Adams

(b) Address 3834A Oregan Ave.

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

(c) Place: burial or cremation Louisville Ky

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois St. Louis.

19. (a) MAR 21 1943 (Date received local registrar) (b) J. F. Biedrick (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1943 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Hypertrophic Myocarditis with an Aneurysm in the Arch. Chronic Interstitial Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations

Of autopsy

Duration

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) 0

(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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 3-20-43

(Licensed Embalmer's Statement on Reverse Side)

Embalmer's Separate Certificate form

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.