

FILED JAN 25 1945

Registration District No. 318

Primary Registration District No. 1003

345

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:
Enroute to City Hospital
 (If not in hospital or institution, write street number or location) 3
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Mark Adams

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ethel Adams 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased May 24 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 16 hr. min.

9. Birthplace Brown County Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Inspector11. Industry or business Small Arms Plant

MOTHER FATHER { 12. Name George Adams
 13. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Adams
 (b) Address 1209 Hamilton Ave.

17. (a) Removal (b) Date thereof 1-12-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Illinois18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) JAN 12 1945 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1209 Hamilton Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
 year 1945 hour 5:00 minute 2/A. 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 Coronary Occlusion
Arteriosclerosis
 Due to _____

Due to 94a
 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? _____

(Specify type of place)
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature John E. English (M. D. or other) _____
 Address Reg. for Date signed 1/12/45

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 *Albert J. Hoppes*

Licensed Embalmer No. *2971*

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.