

FILED FEB 19 1946
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1198

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mathilda G. Adams
3. (b) If veteran, name war No.
3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Edward I. Adams
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 29 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name John P. Wiegand H
13. Birthplace Germany H
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Glaesser
15. Birthplace Germany H
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. I. Adams
(b) Address 3667 McRee

17. (a) Burial (b) Date thereof Feb. 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) FEB 4 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3667 McRee
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3,
1946 year 1946 hour 3:20 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 5, 1943 to 2-3 1946
that I last saw her alive on 2-3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis - Uremia
Duration _____

Due to 1/2

Due to _____

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

Major findings: Myocarditis chronic PHYSICIAN _____
Of operations _____

Of autopsy _____
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 John Summers (M. D. or other) _____

Address 1504 So Grand Date signed 2/3/46

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..... *Thomas J. Demick*
Licensed Embalmer No..... *3793*
P. O. Address..... *6175 Delmar*

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.