

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

388330

State File No. _____

9767

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

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 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

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. 1616 Franklin Ave.
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ivan Oswell Adams

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Essie Adams 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September 2 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1946 hour 2 minute 30 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.

8. AGE: Years 54 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Scott County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business _____

MOTHER FATHER { 12. Name Monte Adams

13. Birthplace Scott County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Unknown

15. Birthplace Scott County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Adams

(b) Address Lexington, Kentucky

17. (a) Burial (b) Date thereof 11-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

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

(b) Address 4700 Washington Blvd.

19. (a) NOV 15 1946 (Date received local registrar)

J. Frederick (Registrar's signature)

Immediate cause of death _____ **Duration** _____

Chronic Myocarditis

Chronic Unobstructed

Hypertension (Essential)

Other conditions _____

(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations 1/2/46

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 Thomas F. Callahan (M. D. or other)

Date signed 11-15-46

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1947

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 John S. Pennington

Licensed Embalmer No. 4194

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.