

X47070

FILED MAR 11 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2079

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution On Way To 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.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Tony Adams

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-03-0437

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct. 2 1876
(Month) (Day) (Year)

8. AGE: Years Months Days

<u>70</u>	<u>4</u>	<u>27</u>	hr. min.
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If less than one day

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

10. Usual occupation Retired Laborer

11. Industry or business.....

MOTHER FATHER {

12. Name Anton Adams

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Adams

(b) Address 4215 N Broadway 1947

17. (a) Burial (b) Date thereof March 1st
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14th Str

19. (a) FEB 28 1947 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....

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

(d) Street No. 4215 N 14 Th Str
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1947 hour 2 minutes 38 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.....

Due to.....

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

PHYSICIAN

Major findings: 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:

(c) 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.....

Signature Edmond E. Dyer (M. D. or other)
Address..... Date signed 4/28/47

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 Ronald Yakube
Licensed Embalmer No. 3917
P. O. Address St Louis

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.