

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18550
Registrar's No. 5538

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Deaconess Hospital D
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD J. ADAMSKI
3. (b) If veteran, name war None
3. (c) Social Security No.

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

6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Aug. 30 1904 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 9 3 hr. min.

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

10. Usual occupation Caser

11. Industry or business International Shoe Co.

12. Name Wm. Adamski

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

14. Maiden name Julia Kautorski

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

16. (a) Informant Anna Adamski

(b) Address 5500 Neosho St.

17. (a) Burial (b) Date thereof 6 5 47 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

(a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 4 1947 (Date received local registrar) (b) J. F. Bredesch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ood
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5500 Neosho St. 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1947 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from 2/7/45 to June 3 1947 that I last saw him alive on 6/2/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Abdominal Carcinomatosis
Due to: Ca sigmoid colon
Other conditions: (include pregnancy within 3 months of death) H/O
Major findings: as above
Of operations: as above
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)
(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) (c) Means of injury
23. Signature J. F. Bredesch (M. D. or other) M.D.
Address 638 W. Grand Date signed 6/5/47

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

MOTHER, FATHER

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 *Richard W. Stoverand*

Licensed Embalmer No. *4007*

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.