No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 3 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22026

Registrar's No. 5638

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4372 Fairfax
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Adams
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife Nil
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 23 (Day) 1941 (Year)
8. AGE: Years 6 Months 1 Days 12 If less than one day hr. min.
9. Birthplace Missouri, St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Thurman Adams
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Georgia Luster
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Georgis Luster Adams
(b) Address 4372 Fairfax Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N Taylor Ave
19. (a) JUN 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from March 21, 1947, to June 5, 1947; that I last saw him alive on June 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Wilm's Tumor with Metastasis	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause of 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? (e) Means of injury
23. Signature Theodore Bloom (M. D. or other)
Address 2601 N Whittier Date signed 6/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 Mo

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.