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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 13 1948

STANDARD CERTIFICATE OF DEATH

State File No. 27465
Registrar's No. 7761

Registration District No. Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1805 S. Spring Ave.
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MO
(c) City or town St. Louis
(d) Street No. 1805 S. Spring Ave.
(e) Citizen of foreign country? (Yes or No)

3: (a) PRINT FULL NAME John Q. Adams
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 1
year 1948 hour 2:35 minute P. M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lulu E.
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 1 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
that I last saw h alive on
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days
82 6 0
If less than one day hr. min.

Immediate cause of death Pulmonary Embolism
Duration

9. Birthplace Benton Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Joseph Adams
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Murphy
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Idaline Varney
(b) Address 1805 S. Spring Ave.

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 9/4/48
(Motor) Odd Fellow Cemetery
(c) Place: burial or cremation
18. (a) Signature of funeral director Wacker - Hildebrand
(b) Address 3634 Grevois Ave

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?

19. (a) SEP 3 1948 (Date received local registrar)
J. F. Braddock (Registrar's signature)

While at work (Specify type of place) (a) Means of injury
23. Signature (M. D. or other)
Date signed 9/3/48

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 *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address. *3634 Gravois*

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.