

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42040
State File No. _____
Registrar's No. 2748

FILED DEC 31 1948

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 4
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ballwin 96
(If outside city or town limits, write "RURAL") 0
(d) Street No. US #50 (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Lewis Adams
3. (b) If veteran, name war nil 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 48 hour 12:12 minute P M.
21. I hereby certify that I attended the deceased from 11-18, 1948 to 11-26, 1948.
that I last saw him alive on 11-25, 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 81
7. Birth date of deceased June 2 - 1881
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Duration _____

8. AGE: Years 67 Months 5 Days 24 If less than one day hr. _____ min. _____

Due to _____ 93A
Due to _____

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

10. Usual occupation Maintenance Man

Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death)

11. Industry or business Unemployed

PHYSICIAN

12. Name Unknown

Major findings: Of operations: _____

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

Of autopsy _____

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Ruby Rowe

(b) Address 2033 No. Florissant Rd

17. (a) Burial (b) Date thereof 11/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A W McVaughlin
(b) Address 2301 Lafayette Ave

(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 0

19. (a) 11-29-48 (b) Arthur
(Date received local registrar) (Registrar's signature)

23. Signature B.R. Loring (M. D. or other) MD
Address Ballwin, Mo Date signed 11-26-48

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

6000

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.....

A W Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Lafayette Ave

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.