

2403

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

No. 300

FILED FEB 2 1949

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BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		State File No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Willow Springs			d
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROTHERS' HOSPITAL				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) HUGH		b. (Middle) Tobias		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 22 1949	
5. SEX MALE <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1891		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Almini, Kansas.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME J.E. Adams		13b. MOTHER'S MAIDEN NAME Adeline Scott		14. NAME OF HUSBAND OR WIFE Florence E. Adams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 702-07-8990		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Adams, Willow Springs, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Dec. 28, 1948, to Jan. 22, 1949, that I last saw the deceased alive on Jan. 22, 1949, and that death occurred at 1:15 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. H. H. H.				23b. ADDRESS 325 - 906 Olive St. St. Louis		23c. DATE SIGNED Jan. 24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/49	24c. (NAME OF CEMETERY OR CREMATORY)		24d. LOCATION (City, town, or county) (State) Willow Springs, Missouri		
DATE REC'D BY LOCAL REG. JAN 25 1949		REGISTRAR'S SIGNATURE H. H. H. H.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe - 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1949

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.