No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25589

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6026 Registrar's No. 1766

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baden Station
c. LENGTH OF STAY (in this place) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bellefontaine Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baden Station
d. STREET ADDRESS (If rural, give location) Bellefontaine Rd.,

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle)
c. (Last) Adair

4. DATE OF DEATH (Month) (Day) (Year) July 22nd 1949

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Sep 15, 1857
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Nashville, Tenn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pat. Clavin
13b. MOTHER'S MAIDEN NAME Ellen Murphy
14. NAME OF HUSBAND OR WIFE James Adair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Rhode, Baden Station ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocardis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947 *to* July 22, 1949, *that I last saw the deceased alive on* July 22, 1949, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Albert J. Sausville (Degree or title)
23b. ADDRESS 8321 N. Broadway
23c. DATE SIGNED 7/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7/26/49
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo (State)

DATE REC'D BY LOCAL REG. 7-25-49
REGISTRAR'S SIGNATURE Herbert R. Demke, Jr.
25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home ADDRESS 8319 Hallsferry Rd.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Signed J. Wm. Dunkley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.