

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27815
7493
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 919a North 16th Street		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Adams	
4. DATE OF DEATH (Month) (Day) (Year) August 27 1949		5. SEX Male		6. COLOR OR RACE Col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 12, 1920		9. AGE (In years last birthday) 29 If under 1 year: Months 9 Days 15 If under 2 hrs: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Ice		11. BIRTHPLACE (State or foreign country) Clinton, Kentucky	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Adams		13b. MOTHER'S MAIDEN NAME Marthella Haynes	
14. NAME OF HUSBAND OR WIFE Martha Mae Adams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War II.		16. SOCIAL SECURITY NO. 402-22-6942	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Haynes		ADDRESS 6170 Bertha Ave.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatitis *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 12th St. 12th St. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 580 X	
22. I hereby certify that I attended the deceased from 8-12-1949, to 8-27-1949, that I last saw the deceased alive on 8-27, 1949, and that death occurred at 10 a. m., from the causes and on the date stated above.					
23a. SIGNATURE James J. Hedrick M. D.			23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 8-29-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-31-49		24c. NAME OF CEMETERY OR CREMATORY Clinton, Kentucky	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Roove		ADDRESS 1221 N. Grand	
DATE REC'D BY LOCAL REG. AUG 29 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Roove	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1946

Emt report to be filed

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.