

FILED AUG 17 1949 STANDARD CERTIFICATE OF DEATH

State File No. **28831**

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

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>4467</u>		Registrar's No. <u>1885</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before-death) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Valley Park		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Valley Park			
d. FULL NAME OF HOSPITAL OR INSTITUTION #3 Vance Road				d. STREET ADDRESS (If rural, give location) #3 Vance Road			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Lafette		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) Aug. 4 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10/30/1879	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WKS. 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 Absorbent Cotton		11. BIRTHPLACE (State or foreign country) Phelps Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Squire Adams		13b. MOTHER'S MARYDEN NAME Amanda Shoemate		14. NAME OF HUSBAND OR WIFE Emma Laramore Adams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 498-109487		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Adams, Kirkwood, Mo. R #13.			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarct & embolism DUE TO (c) Diabetes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 30 min 1 year 4201 1 year	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Aug. 19 49</u> to <u>Aug. 19 49</u> , that I last saw the deceased alive on <u>July 19 49</u> , and that death occurred at <u>9:55 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Brandel, M.D.				23b. ADDRESS White Groves 9 Mo.		23c. DATE SIGNED 8/5/49	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 8/7/49		24c. NAME OF CEMETERY OR CREMATORY Methodist Cem.		24d. LOCATION (City, town, or county) (State) Manchester, Mo.	
DATE REC'D BY LOCAL REG. 8-5-49		REGISTRAR'S SIGNATURE Herbert R. Rankin, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.			

ps

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.....

Theo Schrader

Licensed Embalmer No.

3066

P. O. Address.....

Bellewin, Me

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.