

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 17 1950

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 5933

1058

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>MO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>23.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2229		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>22 = 2211A Hickory St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mack</u> b. (Middle) _____ c. (Last) <u>Adkins</u>			4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>30</u> (Year) <u>1950</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>aug 31 1889</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>La</u>		
12. CITIZEN OF WHAT COUNTRY? <u>1</u>			13a. FATHER'S NAME <u>William Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Franco</u>		14. NAME OF HUSBAND OR WIFE <u>Abbie Adkins</u>	
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. <u>497-01-2609</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Abbie Adkins</u> ADDRESS <u>2211 Hickory</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate with metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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) <u>171X</u> (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>12-22</u> , 19 <u>49</u> , to <u>1-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>50</u> , and that death occurred at <u>11 a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Wlas O'Brien</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>1-31-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>9900 Natural Bridge</u> <u>Bridge</u>		
DATE REC'D BY LOCAL REG. <u>FEB 2 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Andrew H. Burke</u> ADDRESS <u>212 Carroll</u>				

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.

Student
Student Embalmer

Signed Jho. J. Yandell.....

Licensed Embalmer No. 4243.....

P. O. Address Wester, Howard 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.