

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9811

1888

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 ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD:		4643			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL:				d. STREET ADDRESS (If rural, give location) #14 RIDGELINE DRIVE:					
3. NAME OF DECEASED (Type or Print)		a. (First) CLYDE		b. (Middle) HAROLD		c. (Last) ADAMS.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH AUG. 19 1900		9. AGE (In years last birthday) 50 If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President: Adams Furnace Co.				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Albany, New York /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Adams.			13b. MOTHER'S MAIDEN NAME Carrie Hanner			14. NAME OF HUSBAND OR WIFE ALMA MARIE WESTRICH ADAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-26-5717		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Adams; Kirkwood, Missouri.				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, asthma, etc. It means the disease, injury, or complication which caused death.		1. 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) none DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Several Hours	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201					
22. I hereby certify that I attended the deceased from April 2, 1948 , to Feb 24, 1951 , that I last saw the deceased alive on Feb 16, 1951 , and that death occurred at 5 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Louis J. Aitken				23b. ADDRESS M.D.O. 3728 W. Washington St. St. Louis Mo.		23c. DATE SIGNED 2-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE Feb. 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri 1			
DATE REC'D BY LOCAL REG. FEB 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.,					

(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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed Melvin L Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 405-2

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.