

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31274**
Registrar's No. **7998**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		b. COUNTY St. Clair	
c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 1825 Cleveland	

3. NAME OF DECEASED (Type or Print) a. (First) DIEDRICH	b. (Middle) MINK	c. (Last) ADAMS	4. DATE OF DEATH (Month) (Day) (Year) 9 8 51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-24-1867
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 24 HRS. Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Obear Nestor	11. BIRTHPLACE (State or foreign country) Madison County, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Menke Adams	13b. MOTHER'S MAIDEN NAME Gretchen De Buhr	14. NAME OF HUSBAND OR WIFE deceased Elizabeth Bauers Adams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Welch	11. ADDRESS Collinsville
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 1/4 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Hip			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 682XF
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22. I hereby certify that I attended the deceased from **9/6**, 19**51**, to **9/8**, 19**51**, that I last saw the deceased alive on **9/8**, 19**51**, and that death occurred at **10:05a** m., from the causes and on the date stated above.

23a. SIGNATURE G.B. Rader	(Degree or title) M.D. O	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/10/51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) E. St. Louis Illinois
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DATE REC'D BY LOCAL REG. SEP 10 1951	REGISTRAR'S SIGNATURE Carl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE Carl St. Louis Ill	ADDRESS
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289B (Licensed Embalmer's Statement on Reverse Side)

OCT 25 1961

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.

Not Embalmed

Student
Student Embalmer

Signed.....

RB Kurrupfe

Licensed Embalmer No. *3162*

P. O. Address *East St. Louis*

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.