

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31275**  
Registrar's No. **8437**

FILED OCT 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mis s our i</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2139</b>	
c. LENGTH OF STAY (In this place) <b>20 Days</b>		d. STREET ADDRESS (If rural, give location) <b>5600 Arsenal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Infirmary Hosp.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Peter</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Adams</b>	<b>Sept. 22, 1951.</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>June 22, 1870</b>		9. AGE (In years last birthday) <b>81</b> If UNDER 1 YEAR: Months _____ Days _____ If OVER 1 YEAR: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sup. Shoe</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Adams</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Selma Adams</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ruth T. Adams, 1419 Roycroft,</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>10 days</b>	
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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? <b>4201</b>	
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22. I hereby certify that I attended the deceased from July 1, 1951, to Sept. 22, 1951, that I last saw the deceased alive on Sept. 22, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William M. Queney M.D.</b>		23b. ADDRESS <b>5600 Arsenal Street</b>		23c. DATE SIGNED <b>9/22/51.</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>		24b. DATE <b>9/24/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>SEP 24 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Probst - 3710 N. Grand.</b>	
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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. ....

Student .....  
Student Embalmer

Signed

*Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.