

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2534

FILED FEB 2 1952

State File No. 496

0496

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			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri			c. LENGTH OF STAY (in this place) 6 yrs, 2 mos	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2139
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 5800 Arsenal Street.			
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle)		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1952.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 5, 1872		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) spinster		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Dwight C. Adams			13b. MOTHER'S MAIDEN NAME Sarah Fey.		14. NAME OF HUSBAND OR WIFE None		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.			
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) Carcinoma left breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases 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 years 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"/>		21h. HOW DID INJURY OCCUR? 170X			
22. I hereby certify that I attended the deceased from July 1, 1951, to Jan. 17, 1952, that I last saw the deceased alive on Jan. 17, 1952, and that death occurred at 5:20 AM, from the causes and on the date stated above.							
23a. SIGNATURE Dwight Esker, M.D.				23b. ADDRESS 5600 Arsenal Streets		23c. DATE SIGNED 1/17/52.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Jan 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. JAN 17 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons Inc 6175 Delmar			

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

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**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
*Not embalmed*  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.