

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18296**
Registrar's No. **4543**

FILED JUN 6 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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, Mo.,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
c. LENGTH OF STAY (in this place) 8 years		d. STREET ADDRESS (If rural, give location) 625 So. Skinker Blvd.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 625 So. Skinker Blvd.,		5. STREET ADDRESS 625 So. Skinker Blvd.,	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) ADAMS c. (Last) MARSHUTZ.		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1952.	
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Jan'y 21, 1900.
9. AGE (In years last birthday) 52.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no.	10b. KIND OF BUSINESS OR INDUSTRY Housewife.	11. BIRTHPLACE (City and State or Foreign Country) Roanoke, Virginia.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Allen Adams.		13b. MOTHER'S MAIDEN NAME Louise Crews Wooding.	
14. NAME OF HUSBAND OR WIFE Elmer G. Marshutz.			
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 Elmer G. Marshutz, 625 So. Skinker Blvd.,			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertension heart disease 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 April 15, 1952 , to May 14, 1952 , that I last saw the deceased alive on May 14, 1952 , and that death occurred at 11:20 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Lamuel B. Grimes		23b. ADDRESS M.D. 114 N. Taylor Ave	
23c. DATE SIGNED 5/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5/15/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory.	24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 15 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,	

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

MISSOURI

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 *Melvin F. Kemper*

Licensed Embalmer No. *4052*

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.