No. 300
10.48

FILED MAY 1 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18890

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1171

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koch
c. LENGTH OF STAY (in this place) 1 yr 25
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2259
d. STREET ADDRESS (If rural, give location) 1628 Carr 1

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) — c. (Last) Adair
4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 52
5. SEX M
6. COLOR OR RACE C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 5-1-06
9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Madison Wisc
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Elbert Adair
13b. MOTHER'S MAIDEN NAME ~~Alma Crain~~ Elizabeth Smith
14. NAME OF HUSBAND OR WIFE Alma Adair
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 709-10-1977
17. INFORMANT'S SIGNATURE OR NAME Hospital Record, ADDRESS Koch Hosp.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tbc. — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Post-operative hemorrhage — 6 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 12 yrs

19a. DATE OF OPERATION 4/30/52
19b. MAJOR FINDINGS OF OPERATION Pulmonary Tbc
20. AUTOPSY? YES ☑ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1/51, 19__, *to* 5/1/52, 19__, *that I last saw the deceased alive on* 5/1/52, 19__, *and that death occurred at* 12:10 *Am., from the causes and on the date stated above.*

23a. SIGNATURE Martin Bergmann (Degree or title) MD
23b. ADDRESS 214 S. Bamistown, Clayton
23c. DATE SIGNED 5/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-5-52
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) 5239 W. Florissant (State)
DATE REC'D BY LOCAL REG. 5-3-52
REGISTRAR'S SIGNATURE Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS 2929 Washington

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 4441

P. O. Address 2829 Woodyard

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.