

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25522**  
Registrar's No. **7005**

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ 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 <b>Missouri</b> b. COUNTY <b>2179</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>		c. LENGTH OF STAY (In this place) <b>18</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>		d. STREET ADDRESS (If rural, give location) <b>1202 South Vandeventer ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D. O. A. City Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>ADAMS</b> c. (Last) <b>ADAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-18-52</b>
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>	8. DATE OF BIRTH <b>7-7-1916</b>
9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>government</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Phelps County, Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Samuel Adams Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Lamore</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Adams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>489-16-9727</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elsie Adams, 4374 Laclède ave.</b>	
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of skull and brain self inflicted</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>at his home on July 18</b> DUE TO (c) <b>1952 about 12:00 pm</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Suicide</b></p>	
18. INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 18 5:12 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E976X</b>	
22. I hereby certify that I attended the deceased from <b>2</b> , 19 <b>52</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:10 p.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>		23b. ADDRESS <b>1300 East</b>	23c. DATE SIGNED <b>7-19-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>	24b. DATE <b>7-19-52</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Ballwin, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUL 21 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrader F. H., Ballwin, Mo.</b>	

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 M. W. R. meter

Licensed Embalmer No. 4568

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.