

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36975**  
Registrar's No. **7816**

FILED OCT 23 1953

1003

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	State File No. <b>36975</b>		Registrar's No. <b>7816</b>		
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. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis, Mo</b>		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute To City Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>2312 South 3rd.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LINNIE</b>			b. (Middle) <b>EARL</b>		c. (Last) <b>ADAMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 8, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 13, 1922</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months <b>25</b>	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Musician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Business,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Sherman Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Virgie Crocker</b>		14. NAME OF HUSBAND OR WIFE <b>Margie 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>486-20-6665</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sherman Adams, 2412 South 3rd. St. Louis, Mo.</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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Anoxic Dep Resis</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	
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)		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"/>		21f. HOW DID INJURY OCCUR? <b>591X</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:21 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Patricia L. Taylor Carmel</b>			23b. ADDRESS <b>300 Clark</b>			23c. DATE SIGNED <b>8/10/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>August 11, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		
DATE REC'D BY LOCAL REG. <b>AUG 10 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc. 2301 Lafayette St. Louis 4, Missouri</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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *A. Y. Farris*

Licensed Embalmer No. *338*  
P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.