

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44628

State File No.

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 3280

4008

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview City-Jenn/Wes</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 da.</u>		e. STREET ADDRESS (If rural, give location) <u>1456a N. Union Blvd. 2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7200 W. Florissant Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ruby</u>	b. (Middle) <u>Lucille</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1953</u>
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5. SEX <u>Fem</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-8-1900</u>	9. AGE (In years last birthday) <u>53</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mulberry Grove, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Bertie Reily</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-09-7800</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Glen Adams</u>	ADDRESS <u>3022 Capehardt Dr.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>3-31 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12/20, 1953, to 12/20, 1953, that I last saw the deceased alive on 12/20, 1953, and that death occurred at 8:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. D. Stahl, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>462 N. Taylor Ave.</u>	23c. DATE SIGNED <u>12/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Inturf Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mulberry Grove Illinois</u>
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DATE REC'D BY LOCAL REG. <u>12-23-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	ADDRESS <u>1905 Union Blvd.</u>
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Dr. P. D. Stahl
Mon. & Tue. 10:30 - 12:30
462 N. Taylor

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.....
Signature of Student Embalmer

Signed..... *Albert P. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.