

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25500

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1586

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 772</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A</u>		d. STREET ADDRESS (If rural, give location) <u>206 E. Chicago av</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Louis Co. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Henry</u>		b. (Middle) <u>Admatha</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>8-19-79</u>
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farm labor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Admatha</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Gracie Admatha</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeanette Johnson</u> ADDRESS <u>206 Chicago av</u>	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries and shock, suffered while attempting to cross Lindbergh Blvd. from the east to the west, when he was struck in the west half of the northbound lane near Electric St. by an automobile</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. <u>being operated north by Joseph Boston, 11327 Manchester Rd.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirkwood 125 St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/3/54 4:40 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by automobile while crossing Lindbergh Blvd.</u>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward J. Willmann</u> (Degree or title) <u>Coroner 2</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7/12/54</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>buried</u>		24b. DATE <u>7/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>	
24d. LOCATION (City, town, or county) (State) <u>Centaur Mo</u>		24e. FURNERAL DIRECTOR'S SIGNATURE <u>Josie C Lewis</u>		ADDRESS <u>22 Euclid av</u>	
DATE REC'D BY LOCAL REG. <u>7/6/54</u>		REGISTRAR'S SIGNATURE <u>Robert S. Stankel</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Josie C Lewis</u> ADDRESS <u>22 Euclid av</u>	

(Licensed Embalmer's Statement on Reverse Side)

W. Brown

WRITE PLAINLY—USING 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

James A. Carter

Licensed Embalmer No. *4681*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.