

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42122

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10758

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2239 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri | | c. CITY OR TOWN St. Louis, Mo. | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 8 Days | | e. STREET ADDRESS (If rural, give location) 23 1804 South 10th. Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE | | b. (Middle) RAY | | c. (Last) ADAMS | | 4. DATE OF DEATH (Month) (Day) (Year) November 23, 1954 | |
|--|--|-----------------|--|-----------------|--|--|--|

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|------------------|---------------------------|--|-------------------------------------|---------------------------------------|---------------------------|-------------------------|-------|------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH March 22, 1913. | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
|------------------|---------------------------|--|-------------------------------------|---------------------------------------|---------------------------|-------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Worker | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Pacific, Missouri 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George Miles Adams | 13b. MOTHER'S MAIDEN NAME Bessie Fanger | 14. NAME OF HUSBAND OR WIFE Lucille |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-07-8418 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Adams, 2222 Nebraska Ave. (City) | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subdural Hemorrhage;</i> | | |
| | ANTECEDENT CAUSES <i>Subarachnoid Hemorrhage;</i> <i>Dissecting of Aorta suffered in fall to sidewalk in the vicinity of 10th & Seward</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>about 190 p.m., Nov 12, 1954.</i> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <i>Accident</i> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 21a. ACCIDENT (Specify) <i>Accident</i> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i> | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis Mo 000</i> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Nov 12 543¹⁰ p.m.</i> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>E9035</i> |

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 *5:35 A.M.*, from the causes and on the date stated above. *14*

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|---|-------------------|-----------------------------------|-------------------------------------|
| 22a. SIGNATURE <i>Patrick Taylor Carauer</i> | (Degree or title) | 22b. ADDRESS <i>1300 Clark</i> | 22c. DATE SIGNED <i>11.26.54</i> |
|---|-------------------|-----------------------------------|-------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>11-26-1954</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Pacific</i> | 24d. LOCATION (City, town, or county) (State) <i>Pacific, Missouri</i> |
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| DATE REC'D BY LOCAL REG. <i>NOV 26 1954</i> | REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin's Funeral Home, Inc.</i> | ADDRESS <i>2301 Lafayette, St. Louis 4, Mo.</i> |
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.