

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1955

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2978

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 OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Affton</u>	
c. LENGTH OF STAY (in this place) <u>1 Week</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hosp</u>		STREET ADDRESS (If rural, give location) <u>R. 14 - Box 295-1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Adams</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 54</u>		
5. SEX <u>M.O.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	
8. DATE OF BIRTH <u>4-5-1890</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Libra</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Murphy Gate Farm</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Penn</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Adams</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>Yes</u> (If service, war or date of service) <u>Wine</u>		16. SOCIAL SECURITY NO. <u>498-09-148</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ch. K. Johnson</u> ADDRESS <u>R. 14 - Box 295 Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspiration</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bleeding Peptic Ulcer</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Giant Gastric Ulcer</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-17-54, 1954, to 12-24, 1954, that I last saw the deceased alive on 12-24, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Doublet</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>12-25-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		24b. DATE <u>12-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-27-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bopp</u> ADDRESS <u>14th &amp; Parkway Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10020

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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..... *Felix Durand*

Licensed Embalmer No. *203*

P. O. Address *Lyndenwood*

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.