

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

0904

FILED FEB 7 - 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY 2009 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (in this place) 7 weeks		c. CITY OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL				e. STREET ADDRESS (If rural, give location) 499 4497 Pershing Avenue				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) MINNIE		b. (Middle) CATHERINE		c. (Last) ADRIAN.		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 24, 1898		9. AGE (In years last birthday) 56			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Liggett & Myers Co.		11. BIRTHPLACE (City and State or Foreign Country) Albion, Illinois			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Emile John Adrian			13b. MOTHER'S MAIDEN NAME Eunice Ellen Schofield			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-10-4920		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Sears			ADDRESS 6 Inverness Lane				
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) Carcinoma of lung 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.				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X							
22. I hereby certify that I attended the deceased from Jan 1940 , to Jan 30, 1955 , that I last saw the deceased alive on Jan 30, 1955 , and that death occurred at 5 A. M. from the causes and on the date stated above.											
23a. SIGNATURE Mrs. M. Davis				(Degree or title) M. D.		23b. ADDRESS 2422 71st Street		23c. DATE SIGNED 1/31/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Feb. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery		24d. LOCATION (City, town, or county) Albion, Illinois		(State) _____			
DATE REC'D BY LOCAL REG. JAN 31 1955		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons						ADDRESS 7233 Delmar Blvd.,	

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *386*.....

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.