

FILED MAY-17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17146

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1047

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christian Old People's Home | | d. STREET ADDRESS (If rural, give location) 208 N. Pearl Street | |
| 3. NAME OF DECEASED a. (First) (Type or Print) Charles | | | 4. DATE OF DEATH (Month) (Day) (Year) 5 7 1955 |
| b. (Middle) E | | c. (Last) Adams | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH August 6, 1863 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired RAILROAD | | 10b. KIND OF BUSINESS OR INDUSTRY railroad worker | 9. AGE (In years last birthday) 91 |
| 11. BIRTHPLACE (State or foreign country) Shiloh, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Daniel Adams | | 13b. MOTHER'S MAIDEN NAME Sarah Nelson | 14. NAME OF HUSBAND OR WIFE unknown |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Myrtle Sprague | |
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis | | ADDRESS 1600 Washington |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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 331X | | 20. AUTOPSY? YES <input 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) (m.) | 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 5-1-55 , 19___, to 5-7-55 , 19___, that I last saw the deceased alive on 5-6-55 , 19___, and that death occurred at 6:15 A.M. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Albert H. Hoppe M.D. | | 23b. ADDRESS 4660 Washington Ave | 23c. DATE SIGNED 5-7-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 5-7-55 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Butler, Indiana |
| DATE REC'D BY LOCAL REG. 5/7/55 | REGISTRAR'S SIGNATURE Norbert P. Donke, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington | |

. (Licensed Embalmer's Statement on Reverse Side)

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John J. Denehy
Licensed Embalmer No. *4194*
P. O. Address *St. Louis, Mo.*

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

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