

THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 41761

318

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11189

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 1307 So. Broadway 223/0			
3. NAME OF DECEASED (Type or Print) SAM		a. (First)		b. (Middle)		c. (Last) ADAMS	
4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 15, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH May 19, 1885		9. AGE (In years last birthday) 70		if UNDER 1 YEAR Months Days		if UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unavailable		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Albania		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Adams		13b. MOTHER'S MAIDEN NAME Sophie Unknown		14. NAME OF HUSBAND OR WIFE Unavailable			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Hospital Records			
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) PYLORIC PEPTIC ULCER = Hemorrhage 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. 540.0				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 12/14/55		19b. MAJOR FINDINGS OF OPERATION PEPTIC ULCER - 3cm ANULSION OF CAPSULE OF SPLEEN				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 12-12, 1955 , to 12-15, 1955 , that I last saw the deceased alive on 12-15, 1955 , and that death occurred at 3:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Allen Burrell (M.D.)				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 12/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-55		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 21 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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.....
John J. Harris

Licensed Embalmer No. 410

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.