

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6060

1503

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

1. PLACE OF DEATH a. COUNTY _____		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 town) OR ST LOUIS,		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 4654 a NATURAL BRIDGE AVE		e. STREET ADDRESS (If rural, give location) 10 4654 a NATURAL BRIDGE AVE	
3. NAME OF DECEASED a. (First) JAMES		b. (Middle) R.	c. (Last) ADELMANN
4. DATE OF DEATH FEB, 10, 1956		5. SEX MALE 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 10/4/1928	
9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THEODORE ADELMANN		13b. MOTHER'S MAIDEN NAME GENEVIEVE FOLEY	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	
16. SOCIAL SECURITY NO. # 498-26-1904		17. INFORMANT'S SIGNATURE OR NAME THEODORE ADELMANN ADDRESS 4654 a NATURAL BRIDGE	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of skull and brain, self inflicted at his house on February 10th 1956 exact time unknown while suffering from deep depression		INTERVAL BETWEEN ONSET AND DEATH 10 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental aberration		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis, Mo. Missouri	
21d. TIME (Month) (Day) (Year) (Hour) July 10 56		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 _____, 19____, to _____, 19____, that I last saw the deceased give on _____, 19____, and that death occurred at **10:36 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Smith M.D. (Degree or title)		23b. ADDRESS 1308 Clark		23c. DATE SIGNED 2/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/14/56		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		DATE REC'D BY LOCAL REG. FEB 14 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Stroob ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

MAY 8 1967

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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 *M. W. Ruter*.....

Licensed Embalmer No. *4865*.....

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.