

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

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17499**
Registrar's No. **5046**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) **1 day 9 hrs**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **De Paul Hospital**
e. STREET ADDRESS (If rural, give location) **5 5656 Chamblain Ave**

3. NAME OF DECEASED a. (First) **Terence** b. (Middle) **Ray** c. (Last) **Adams**
4. DATE OF DEATH (Month) (Day) (Year) **May 24 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **May 23, 1956** 9. AGE (In years last birthday) **1** MONTHS **1** DAY **19** HRS. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo** 12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Elvie R. Adams** 13b. MOTHER'S MAIDEN NAME **Betty Sue Demay** 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) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Elvie R. Adams** ADDRESS **5656 Chamblain**

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) **Premature birth, neonatal death** INTERVAL BETWEEN ONSET AND DEATH **33 hrs**
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. **Twin**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **773.5** (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 23, 1956**, to **May 24 1956**, that I last saw the deceased alive on **May 24, 1956** and that death occurred at **2:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Elizabeth K. Gay MD** 23b. ADDRESS **1000 N. Flannery St.** 23c. DATE SIGNED **5-24-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **5-28-56** 24c. NAME OF CEMETERY OR CREMATORY **VAIRALLA CEMETERY** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS, CO, MO.**

DATE REC'D BY LOCAL REG. **MAY 25 1956** REGISTRAR'S SIGNATURE **J. Carl Smith MD** FUNERAL DIRECTOR'S SIGNATURE **W. Clark Gunnell Home Inc.** ADDRESS **1125 Hodiamont**

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... *Alfred J. Boelen*
Licensed Embalmer No. *26*

P. O. Address *1125 Howard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.