

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45547
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12589**

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, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LITTLE-FLOWER RETREAT		d. STREET ADDRESS (If outside, give location) 3510 WYOMING	
3. NAME OF DECEASED (Type or print) First JOHN Middle LUTHER Last ADAMS		4. DATE OF DEATH Month DEC Day 28 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 14 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STREET CAR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY OPERATOR	11. BIRTHPLACE (City and state or country) MISSOURI
13a. FATHER'S NAME HALL ADAMS		13b. MOTHER'S MAIDEN NAME MARY RITTENBERRY	14. NAME OF HUSBAND OR WIFE MARK J ADAMS
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.	17. INFORMANT Address MARY J. ADAMS 3510 WYOMING
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease & Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hemiplegia - Right DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0			INTERVAL BETWEEN ONSET AND DEATH 4-5 years 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 1953 to 12/28/57 and last saw her/him alive on 12/21/57 Death occurred at 330 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr Paul H Hubert M.D.		22b. ADDRESS 2905 Cherokee St - St Louis Mo	
22c. DATE SIGNED 12/28/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 30 1957	23c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEM	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
24. FUNERAL DIRECTOR Thomas Kuter 2906 Grannie		25. DATE RECD. BY LOCAL REG. DEC 30 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD 2m 93

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

2408 Unrepaired
PR 1-2428

Received 3 P.M. Sat

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 *Leo J. Burke*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

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.