

Health, Welfare & Public Service  
 009  
 300  
 1-57  
 27 hrs  
 0  
 27 hrs  
 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.

XC-1191817 SL 7327  
 FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-011271  
 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2787

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in 1b 27 Hours	d. STREET ADDRESS (If outside, give location) 912 LYNCH		
3. NAME OF DECEASED (Type or print) First Middle Last MILLARD F ADAMS			4. DATE OF DEATH Month Day Year 3 7 58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-24-89		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) NEW YORK, N.Y.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME DELBERT ADAM		13b. MOTHER'S MAIDEN NAME CARRIE GOODANE		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE & CHR. LUNG DISEASE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 10 Years 2 Years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 3-6-58, to 3-7-58 and last saw him alive on 3/7/58 Death occurred at 7:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE HENRY CHONG			22b. ADDRESS M.D. VAH ST. LOUIS, MO.		22c. DATE SIGNED 3/7/58
23a. BURIAL, CREMATION, REMOVAL (Specify) 3-10-58		23b. DATE 3-10-58		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
23d. LOCATION (City, town, or county) Belleville, Ill			(State)		
24. FUNERAL DIRECTOR ADDRESS Sedlack Bros. E. St. Louis, Ill.			25. DATE RECD. BY LOCAL REG. MAR 10 '58		26. REGISTRAR'S SIGNATURE Carl Smith M.D.

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Joseph P. Sallack  
Ed. J. Fournier  
Licensed Embalmer No. ....

P. O. Address .....

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.