

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015470

STATE FILE NUMBER 3814

FILED APR 23 1958

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

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> 2/19
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1900 O'Fallon St. Apt. 907</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Lawrence Adams</u>			4. DATE OF DEATH Month Day Year <u>4 1 58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/5/36</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday) <u>11</u>
11a. BIRTHPLACE (City and state or country) <u>Missouri</u>		11b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Warren Ganaway</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>Veona Adams</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW2</u>	
16. SOCIAL SECURITY NO. <u>499-34-1193</u>		17. INFORMANT Address <u>Veona Adams, 1900 O'Fallon St. Apt 907</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1. Gunshot wound of the abdomen with surgical repair of small bowel and stomach; 2. Subdural hematoma, suffered when shot with gun in hands of Charles McIntosh (col.) aided and abetted by one Lewis Pace (col.) in corridor of building at 1900 O'Fallon St. about 11:20 P.M. March 31 1958.</u> DUE TO (b) <u>shot with gun in hands of Charles McIntosh (col.) aided and abetted by one Lewis Pace (col.) in corridor of building at 1900 O'Fallon St. about 11:20 P.M. March 31 1958.</u> DUE TO (c) <u>HOMICIDE</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>(see above) E981*</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>11:20 P.M. 3/31/58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>building</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis, Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>4:35 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James M. Kelly, Esq.</u>		22b. ADDRESS <u>1300 Clark</u>	
22c. DATE SIGNED <u>4-4-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>4/7/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood CEM.</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Louis, County Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Ellis Funeral Home, 2820 Stoddard St.</u>	
25. DATE RECD. BY LOCAL REG. <u>APR 4 58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> S.P.	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

**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 *Fred E. Calkins* .....

Licensed Embalmer No. *438* .....  
P. O. Address *Albany* .....

**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.**