

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007912

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 560

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		c. CITY OR TOWN <b>Ste. Genevieve</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>450 Rozier</b>	
3. NAME OF DECEASED (Type or print) First <b>Ruby</b> Middle <b>E.</b> Last <b>Adams</b>		4. DATE OF DEATH Month <b>February</b> Day <b>27</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 16, 1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Hamilton Ontario, Canada</b>
13a. FATHER'S NAME <b>Robert MacGregor</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Morrison</b>	14. NAME OF HUSBAND OR WIFE <b>George</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>351-18-9613</b>	17. INFORMANT Address <b>George Adams, St. Genevieve, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic disease of kidney</b> DUE TO (c) <b>of kidney</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>  <b>?</b>
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.) <b>X</b>	
20c. TIME OF INJURY Hour <b>X</b> Month <b>X</b> Day <b>X</b> Year <b>X</b> a.m. <b>X</b> p.m. <b>X</b>		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.) <b>X</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>X</b>	
21. I attended the deceased from Death occurred at <b>March 19 1958 - 2:45 pm</b>		and last saw her alive on <b>2/27/59</b>	
22a. SIGNATURE (Degree or title) <b>R. Mueller M.D.</b>		22b. ADDRESS <b>4161 Wendell Blvd</b>	
22c. DATE SIGNED <b>3/2/59</b>		22d. DATE SIGNED <b>3/2/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>Ste. Genevieve, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>2-28-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Doctor, coroner, etc. must state why cause is causally related.

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 Charles R. Sweeney

Licensed Embalmer No. 4077  
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 SFUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.