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FILED VS AUG 31 1959

STANDARD CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis 4, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bridgeton 4000</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fermin Deslog</b>		Length of stay in lb <b>8/8/59 to 8/12/59</b>		d. STREET ADDRESS (If outside, give location) <b>11625 St. Charles Rd.</b>	
3. NAME OF DECEASED (Type or print) <b>WASHINGTON</b>		First Middle Last <b>ADAMS</b>		4. DATE OF DEATH Month Day Year <b>8-12-59</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>Dec. 22, 1888</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Elec.</b>		9. AGE (In years last birthday) <b>70</b>	
11. BIRTHPLACE (City and state or country) <b>Jacksonville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>E. Brown Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Leila Lackland</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Adams</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>WWI World War One</b>		16. SOCIAL SECURITY NO. <b>492-09-3403</b>		17. INFORMANT <b>11625 Old St. Charles Rd., Clara S. Adams Bridgeton, 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>RENAL FAILURE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>48h</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>THROMBOSIS OF RENAL ARTERIES</b>					
DUE TO (c) <b>AORTIC ANEURYSM</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>451x</b>					19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT 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 <b>8-9-59</b> to <b>8-12-59</b> and last saw him alive on <b>8-11-59, 11:45 P.M.</b> Death occurred at <b>1:35 A.M., 8-12-59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Daniel J. O'Sullivan, M.D.</b>			22b. ADDRESS <b>1325 So. GRAND</b>		22c. DATE SIGNED <b>8-12-59</b>
23a. BURIAL, CREMATION, (Specify)		23b. DATE <b>8/14/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bridgeton, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Alexander &amp; Sons 6175 Delmar Bvd.</b>			25. DATE RECD. BY LOCAL REG. <b>AUG 12 '59</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

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. securing the fibular certification in the specific manner required by 1947 IAU MOCS 1747.

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 *Jos. E. McCulloch* .....

Licensed Embalmer No. *2460* .....

P. O. Address *6125 Belmont* .....

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.