

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043881

318

1003

11761

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11761

FILED DEC 14 1962

VS 300 Rev. 4/59

1 2/120 5/29

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64

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		Length of stay in lb <b>28 DAYS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ST LOUIS</b>		c. CITY OR TOWN <b>TRUY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3 MARY DRIVE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FLORENCE ELAINE ADAMS</b>		4. DATE OF DEATH Month Day Year <b>Dec 8 1962</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>11-13-24</b>	9. AGE (last birthday) <b>38</b>	IF UNDER 1 YEAR Months Days <b>38</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>CHICAGO, ILL</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>MAURICE WOODS</b>		13b. MOTHER'S MAIDEN NAME <b>Cleo PITCHFORD</b>	
14. NAME OF HUSBAND OR WIFE <b>RICHARD ADAMS</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.	
17. INFORMANT <b>RICHARD Adams</b>		Address <b>Truy, Ill</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>					INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>LUPUS ERYTHEMATOSUS</b>					<b>6 yrs.</b>
DUE TO (c) <b>705.4</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>6/25/56</b> to <b>12/8/62</b> and last saw her <b>alive</b> on <b>12/7/62</b> Death occurred at <b>500 W</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Harry Eugene Wood</b> (Degree or title)		22b. ADDRESS <b>634N. GRAND, ST. L., Mo.</b>		22c. DATE SIGNED <b>12/8/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>12-11-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT AUBURN</b>	23d. LOCATION (City, town, or county) (State) <b>GREENVILLE ILL.</b>		
24. FUNERAL DIRECTOR <b>Dewey &amp; Son</b>		ADDRESS <b>Greenville, Ill</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 8 - 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 J. Karsly

Licensed Embalmer No. 7541

P. O. Address E. 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.