

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
28253

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000023**
City **St Louis** (No. **DeSlogte Hosp**)

File No.....
Registered No. **7386**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. **18** Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Christy + St Chas. Rd
St Louis Co Mo
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gusty Adams		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1893		
7. AGE YEARS 40	MONTHS 4	DAYS 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.		
13. NAME John Adams		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.		
15. MAIDEN NAME Mary		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		
17. INFORMANT (ADDRESS) Gusty Adams Christy + St Chas. Rd St Louis Co		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE Aug 28 33		
19. UNDERTAKER (ADDRESS) Baumgardner & Co 1325 S Grand		
20. FILED AUG 27 1933 J. Bredeck Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 26**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 21**, 19**33**, to **Aug. 26**, 19**33**

I last saw him... alive on **Aug. 26**, 19**33** Death is said to have occurred on the date stated above, at **9:30** m.

The principal cause of death and related causes of importance were as follows:
Epidemic encephalitis
Interstitial Pneumonia

Date of onset _____

Other contributory causes of importance:
Interstitial Pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **M. W. Oberholtzer**, M. D.
(Address) **1325 S Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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