

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

Do not use this space.

16389

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 2715)

Dickson

File No.

Registered No. 4274

St. Ward)

2. FULL NAME

Isaac Adler

(a) Residence. No. St. 21 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Esther Adler

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 15-1865

7. AGE

YEARS 61

MONTHS 7

DAYS 21

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) for Jewish Society

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER

Max Adler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia

14.

INFORMANT Esther Adler
(Address) 2715 Dickson St.

15.

FILED 1007 May 6 Starstloff
19 1927

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 6- 1927

17.

I HEREBY CERTIFY That I attended deceased from 9 October, 1926, to May 6, 1927 that I last saw him alive on May 5, 1927, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumo-pneumonia
121
930.

107A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Myocarditis chronic
Nephritis Chronic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Herbert M. Meyer, M. D.

, 19 (Address) 601 Michigan St. Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Blue Hill Emeth Cem.

May 6 1927

20. UNDERTAKER

ADDRESS

H. Rindskopf

8276 Delmar

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.

1000
1000
1000
1000