WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38424

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11092

City St Louis (No. 2627 Sullivan Av St. ..... Ward)

2. FULL NAME Louis Adam

(a) Residence. No. 2627 Sullivan Av St., 20 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Mary Adam

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/18 – 1852

7. AGE: Years 75 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

PARENTS

10. NAME OF FATHER: Louis Adam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Mary Adam
(Address) 2627 Sullivan

15. FILED: DEC 12 1927, 19.. Max C Starkloff, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 10th 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1927, to Dec 10th, 1927, that I last saw him alive on Dec. 10th, 1927, and that death occurred, on the date stated above, at 9.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis (chronic)
Non Tubercular
930 (duration) 1 yrs. mos. ds.
1000 CONTRIBUTORY (SECONDARY) chronic myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl Orth, M. D
Dec 12th, 1927 (Address) 1437 Penrose St

*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: Calvary Cemetery | DATE OF BURIAL: 12/13 1927

20. UNDERTAKER: Meek and Dickman | ADDRESS: 3039 Easton

437 Penrose