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

Do not use this space.

31878

File No. .....

Registered No. 5137

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 3661 Montana Street St. ..... Ward)

2. FULL NAME James H. Adelsberger.

(a) Residence. No. 3661 Montana Street St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Adelsberger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5. 1868.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	8	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Weigher.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Ills.

PARENTS

10. NAME OF FATHER Frank Adelsberger.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT W. W. Gibbs M.D.
(Address) 3661 Montana Ave

15. FILED Sep 12 1928, 19..... Ray C. Starbuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11th, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1928, to Sept 11th, 1928, that I last saw h. alive on Sept 11th, 1928, and that death occurred, on the date stated above, at 8:40 P.m.

8:40 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

① Carcinoma of Mouth with metastasis into Brain.

② Myocarditis. Chronic

(duration) 1 yr. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute dilatation of heart.

(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not Contracted.

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF July 25th 1928

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? All Tests

(Signed) J. Anthony Brennan M.D.

, 19 (Address) 4367 Menard Ave

*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
Calvary Cemetery	Sept. 14 1928
20. UNDERTAKER	**ADDRESS**
J. H. Gubler L. and H. Co	2842 Meramec

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.