JAN 23 1929

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

Do not use this space.
41397

1. PLACE OF DEATH
County: Jefferson — Registration District No.: 420
Township: — Primary Registration District No.: 8027
City: Hillsboro (No. ..... St. ..... Ward) — File No. ..... Registered No. 109

2. FULL NAME: Adolph Rind
(a) Residence. No. ..... St., ... 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louisa Rind, 12/9/1858

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 9 1852

7. AGE: Years 75 — Months — — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Maker
(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): Germany

PARENTS
10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Peter Grimm
(Address): 2003 Menard St Louis Mo

15. FILED: 1/29/29 — REGISTRAR: Robt Conzelmann

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/10/28, 1928, to 12/11, 1928, that I last saw h. alive on 12/11, 1928, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
X2H Nephritis (duration) 0 yrs. 0 mos. 2 ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... 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? Yes
What test confirmed diagnosis? Autopsy
(Signed) Walter E. Stone, M.D.
Dec 19 (Address) Coroner Jefferson Co.

*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: Woodlawn — DATE OF BURIAL: Dec 12 1928
20. UNDERTAKER: C B Barnhart — ADDRESS: Hillsboro Mo

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.