

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

Do not use this space.

6912

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 791
City St. Louis Mo. (No. St. Lukes Hospital)

File No.....
Registered No. 1763
St. Ward)

2. FULL NAME

Martin Adler
(a) Residence. No. Roosevelt Hotel 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode) Euclid + Delmar
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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>X</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cattle Loan
(b) General nature of industry, business, or establishment in which employed (or employer) Business
(c) Name of employer J

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER David Adler

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

12. MAIDEN NAME OF MOTHER Elizabeth Unknown

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

14. INFORMANT W. R. Milward
(Address) 159 N. Broadway

15. FILED 19 Feb 19 1930 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929, to Feb 19 1930, that I last saw him alive on Feb 19 1930, and that death occurred, on the date stated above, at 12:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left lung
49F
95C
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Dysentery
(duration) years mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Brown M. D.

2/19 1930 (Address) 1402 Wall 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 Cincinnati, Ohio DATE OF BURIAL Feb 20 1930

20. UNDERTAKER E. R. Lupton ADDRESS 444 9 Olive St

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.

WHITE LEAD, WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

130
23

3903 Olive
Jeff 5600