

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

Do not use this space.  
**34139**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 4)

Registration District No. 2200  
Primary Registration District No. 3000

File No. ....  
Registered No. **9475** (St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3827 Polona St., 16 Ward.

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>-</u>	<u>-</u>	<u>-</u>	<u>2</u> hrs. <u>0</u> min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Adlon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Roseline Harse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

14. INFORMANT John Adlon  
(Address) 3827 Polona St.

15. FILED **OCT - 1 1930** M. E. Starnes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 3<sup>rd</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1930, to Oct 3, 1930, that I last saw him alive on Oct 30, 1930, and that death occurred, on the date stated above, at 7:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathology

(Signed) D. J. Neudorfer, M. D.

Oct 3, 1930 (Address) 3115 S. Grand Blvd.

\*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

S. S. Peter + Paul Cem 10-4 1930

20. UNDERTAKER

ADDRESS

Witt Bros. L. U. G. 2929 S. Jefferson Av.

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.

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