

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

Do not use this space.

9963

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6133
 7 City Clayton (No. St. Louis Co. Hospital) St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Adolph Folsch
 (a) Residence, No. 6571 St. Louis Ave. St. _____ Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Louisa Folsch.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
75 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitation Cemetery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. President

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Feld Folsch Germany

13. NAME Fred Folsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Wilhelmina L. Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Edward Folsch (ADDRESS) 6571 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berham Cemetery DATE April 3 1932

19. UNDERTAKER Geo. L. Pleitash Inc. (ADDRESS) 5766 Cass Ave.

20. FILED Apr. 1 - 1932 R. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1932, to 3-31 1932

I last saw him alive on 3-31 1932 Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?
General Atherosclerosis ?
Chronic Coronary ?
Hypertensive Nephritis 3.21.32
Senile Degeneration (?) 3.15.32

Other contributory causes of importance:
Hypertensive Nephritis
Senile Degeneration

Name of operation None Date of _____
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) John A. Rogers M. D.
 (Address) St. Louis Co. Hosp.
Clayton, Mo

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

S. NO. 2.

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.

APR 29 1932

MARION RESERVED FOR BINDING

