

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

Do not use this space.

27525

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 10112
 City City of St. Louis No. En Route City Hosp #1 File No. 7338
 St. _____ Ward _____

2. FULL NAME Adolph A. Dressler.
 (a) Residence, No. 3023 Virginia Avenue, S., 16 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 Minnie Dressler.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1869.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 17.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber. 226
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mascoutah, Ills.
 (STATE OR COUNTRY)

13. NAME Louis Dressler.

14. BIRTHPLACE (CITY OR TOWN) Dont Know.
 (STATE OR COUNTRY)

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) Dont Know.
 (STATE OR COUNTRY)

17. INFORMANT Edmond Schneider
 (ADDRESS) 4945 Neosho St.

18. BURIAL, CREMATION, OR REMOVAL
SW St. Marcus Cem. DATE Aug. 10, 1932

19. UNDERTAKER J. N. Kibben & Co.
 (ADDRESS) 2842 Meramec St.

20. FILED AUG -9 1932
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1932
 22. I HEREBY CERTIFY, in attendance That I attended deceased from

....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:27 m.

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

Coronary Thrombosis
Coronary Sclerosis
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 No Injury
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) [Signature]
 (Address) [Address]

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

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.

