

Do not use this space.

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

DEC 4 1933

42410

1. PLACE OF DEATH

County St. Louis
Township Central
City Line Lane

Registration District No. 789
Primary Registration District No. 6033
(No. 3718 Jennings Road.)

File No. _____
Registered No. 311
St. _____ Ward _____

2. FULL NAME Adolph R. Foelsch.

(a) Residence, No. 1843 Timberlake Ave. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie C. Foelsch.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 7, 1886.</u> | | |
| 7. AGE | YEARS <u>50</u> | MONTHS <u>2</u> |
| | DAYS <u>25</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cemetery worker</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Greenwood Cemetery</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (CITY OR TOWN) St. Louis County, Missouri.
(STATE OR COUNTRY)

13. NAME Adolph Foelsch.

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

15. MAIDEN NAME Louise Krueger.

16. BIRTHPLACE (CITY OR TOWN) St. Louis County, Missouri.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Charles W. O'Neal
(ADDRESS) 2609 1/2 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Nov. 4, 1933

19. UNDERTAKER Geo. L. Plutchik Inc.
(ADDRESS) 5966 Eastern Ave.

20. FILED 11-3- 19 36 W. A. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1936

22. I HEREBY CERTIFY, 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 2 a.m.

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

Automobile accident, struck by automobile, being pedestrian.
Separation between 3rd and 4th cervical vertebra. Cord pressure at this area with almost complete separation of rt. leg at knee, causing exanguination complete with shock. Sec. Cord pressure, exanguination and shock.
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____

What test confirmed diagnosis autopsy. 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 _____, M. D.

(Signed) W. A. Boehmer
(Address) 3718 Jennings Rd.

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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