

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.

Loc. Loc. atkin  
U. V. 1144

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

Do not use this space.

1. PLACE OF DEATH  
 County.....  
 Township.....  
 City..... *St. Louis* (No. *St. Paul Hospital*)  
 Registration District No. *791*  
 Primary Registration District No. *1003*  
 File No. *3732*  
 Registered No. *767*  
 St. .... Ward.....

2. FULL NAME *ADOLPH MASLO*  
 (a) Residence, No. *4151 Labadie ave.* St. *10* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*widowed*)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 7 - 1856*  
 7. AGE YEARS *81* MONTHS *6* DAYS *8* If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *26*  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*  
 FATHER  
 13. NAME *John Maslo*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*  
 MOTHER  
 15. MAIDEN NAME *Louise Kneus*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*  
 17. INFORMANT *Mr. Fred Maslo*  
 (ADDRESS) *4151 Labadie ave.*  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Sunset Park* DATE *Jan 15 1937*  
 19. UNDERTAKER *Edw. F. Howard & Son*  
 (ADDRESS) *4112 Park Ave.*  
 20. FILED *JAN 18 1937* *J. F. Bredek*  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 15, 1937*  
 22. I HEREBY CERTIFY That I attended deceased from *January 7 1937* to *January 15 1937*  
 I last saw him alive on *January 15 1937*. Death is said to have occurred on the date stated above, at *10 p. m.*  
 The principal cause of death and related causes of importance were as follows:  
*myocardial failure caused by*  
*Pneumonia, lobar, pyogenic*  
 Date of onset  
 Other contributory causes of importance:  
*hypertrophy of prostate*  
 Name of operation *Suprapubic Cystostomy* Date of *Jan 12 1937*  
 What test confirmed diagnosis? *clinical* Was there an autopsy? *No*  
 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) *Loeferstein*, M. D.  
 (Address) *607 No. Grand Ave*

