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.

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

Do not use this space.

FEB 3 1937

791

1003

4327

1391

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 4327

Township ..... Primary Registration District No. ..... Registered No. 1391

City St Louis (No. Lutheran Hospital 1 St. ..... Ward)

2. FULL NAME Robert F Adler

(a) Residence, No. 910 Utah St St., 24 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 26 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1936

7. AGE: YEARS — MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY) St Louis Mo. 1

FATHER

13. NAME Harry M. Adler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

MOTHER

15. MAIDEN NAME Elvina Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardy Mo. 1

17. INFORMANT (ADDRESS) Harry M Adler 910 Utah St

18. BURIAL, CREMATION, OR REMOVAL PLACE St John Cemetery DATE 2-1 1937

19. UNDERTAKER (ADDRESS) J H Gebken L. Med Co. 2630 Gravois Av.

20. FILED JAN 31 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 29, 1937

I last saw him alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 12:10 P m.

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

	Date of onset
Primary Bronchopneumonia	1/26
107 a	
Other contributory causes of importance: Septicemia Caused by Bronchial Pneumonia	1/27

Name of operation ..... Date of .....

What test confirmed diagnosis? H. Afrego 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) Edw. Flagel 1, M. D.

(Address) 3772 S Broadway

3779 10