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.

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791 File No. 18296

Township ..... Primary Registration District No. 1003 Registered No. 4872

City St. Louis (No. 514 Pine 3rd floor St. ..... Ward)

2. FULL NAME Adolph Gloor Sr.

(a) Residence, No. 3415 Salena St., 24 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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Gloor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1859

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 11 | 16 | |

OCCUPATION

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

FATHER

13. NAME Rudolph Gloor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Susan Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Emma Gloor 2618 Missouri Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. H. Marcus DATE 5-13 1937

19. UNDERTAKER (ADDRESS) Witt Bros. & N. Co. 2929 S. Jefferson Av.

20. FILED MAY 13 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937.

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 1:00 p.m.

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

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |
| Other contributory causes of importance: | |
| Arteriosclerosis | |

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

What test confirmed diagnosis? ..... 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 4

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Alfred Perry M. D.

(Address) Deputy Coroner