

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

Do not use this space.

SEP 10 1937

29129

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
2833 Clara Ave.

File No.....
Registered No. 7762
St. Ward)

2. FULL NAME Elizabeth Adolf.

(a) Residence, No. 2833 Clara Ave. St. 6 Ward.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF The Late John Adolf.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 17, 1937
I last saw her alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 11.55 m. A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1868.

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<u>69.</u>		<u>1.</u>	<u>27.</u>	

Date of onset

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

*Chronic interstitial nephritis
Hypertension*

Other contributory causes of importance:

Hemiplegia probably due to Cerebral Embolism

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

MOTHER FATHER 13. NAME Jacob Kaiser.

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

MOTHER 15. MAIDEN NAME Elizabeth Ruhl.

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

17. INFORMANT Herman Adolf. (ADDRESS) 2833 Clara Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens. DATE Aug 20, 1937

19. UNDERTAKER Math Hermann & Son. (ADDRESS) 2161 East Fair Ave.

20. FILED AUG 18 1937 J. F. Brebeck Registrar.

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.....
Nature of injury.....

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

(Signed) H. F. Bergman, M. D.
(Address) 3720 Washington

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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