

N.B.—Every item of information should be carefully supplied. AGE STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 9 1939

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

6915

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 475
(b) Township Meramec Primary Registration District No. 5580
(c) City St. Josephs Hill Infirmary Registered No. 12-1
(d) Street No. St. Josephs Hill Infirmary St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henry Adolphs
(a) Residence, No. 9701 Sterling Affton Mo. St.
(Usual place of abode, if no street address, write county or city) (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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Adolphs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10th, 1864
7. AGE YEARS 74 MONTHS 4 DAYS 1 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary
9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Heneriette Eschrich
(ADDRESS) 9701 Sterling Affton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE February 14, 1939

19. FUNERAL DIRECTOR (NAME) Fegenheim Bros.
(ADDRESS) 2823 Cherokee Street.

20. FILED 11-16-39 John A. Townsend
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Feb 10, 1939
Last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 6:55 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Other contributory causes of importance: 107 W

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? No
If so, specify
(Signed) June S. Sargent, M. D.
(Address) Carroll Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Vearl E. Morris.

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.