

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.

REGD AUG 7 1939  
 Registration District No. 154

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 1270

1. PLACE OF DEATH: 3  
 (a) County St. Louis  
 (b) City or town Rural  
 (c) Name of hospital or institution: FRIEDENS CEMETERY  
4219 Clarence Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town 4219 Clarence Avenue  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. St. Louis (If rural, give location)  
 (e) If foreign born, how long in U. S. A? Since Birth years.

3. (a) PRINT FULL NAME WILLIAM E. ADLER, 346  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 13  
 year 1939 hour 4 minute PM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Minnie Adler Long 6. (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased Aug. 23 1884  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Suicide by firearm  
(Creedence) Duration 7/13/39

9. Birthplace Marine, Ill.  
 (City, town, or county) (State or foreign country)

Due to Gun shot wound of  
the head. 7/13/39

10. Usual occupation Superintendent 1  
 11. Industry or business Friedens Cemetery 9

Other conditions (Include pregnancy within 3 months of death) 167

MOTHER FATHER  
 { 12. Name Charles Adler 7  
 13. Birthplace Not Known 7  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Wilhelmina Burgdorf  
 15. Birthplace Not Known  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Bonnie Rebeck  
 (b) Address 4219 Clarence Ave  
 17. (a) Burial (b) Date thereof July 17, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence July 13, 1939  
 (c) Where did injury occur? J. I. Sproul's men  
 (City or town) (County) (State)

(c) Place: burial or cremation Friedens Cemetery  
 18. (a) Signature of funeral director [Signature]  
 (b) Address 2161 East East Avenue  
 19. (a) JUL 14 1939 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Cemetery  
 While at work? no (Specify type of place) (e) Means of injury Gun and  
 23. Signature John Connell (M. D. or other) 1  
 Address Crowd 670 and 671 Date signed \_\_\_\_\_

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**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

**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.**