DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16893

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4371

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6024 Pershing Ave. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

0 (c) City or town St. Louis 5 (If outside city or town limits, write "RURAL")

(d) Street No. 6024 Pershing Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ADOLPH FRANK FILSINGER 425

3. (b) If veteran, name war no

3. (c) Social Security No. 392-07-6006

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Della

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 10 (Day) 1882 (Year)

8. AGE: Years 57 Months 9 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Supt. Shoe Factory 0

11. Industry or business

FATHER
12. Name Henry Filsinger 6
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Ernst
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Della Filsinger

(b) Address 6024 Pershing

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAY 16 1940 (Date received local registrar) (b) J. F. Busdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1940 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 22, 1939, to May 15, 1940; that I last saw him alive on May 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	20 hrs.
Due to Coronary Occlusion	20 hrs.
Due to Generalized Arterio-sclerosis	years
Other conditions Associated Hypertension (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clement J. Sullivan, M.D. (M. D. or other)

Address 607 North Grand Date signed 5-16-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 J. Wm Bimbley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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

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