

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940
791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30208

Registrar's No. 7485

Registration District No. _____ Primary Registration District No. _____

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:
5254 Beacon Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5254 Beacon Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Adelsberger,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1940 hour 6 minute 30 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Adelsberger 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased April 5, 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October
October, 1935, to Sept 3, 1940
that I last saw her alive on Sept 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

8. AGE: Years Months Days If less than one day
87 4 28 _____ hr. _____ min.

Due to Arteriosclerosis 10 yrs.

Due to Senility 8 yrs.

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

9. Birthplace Waterloo, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Stephen Adelsberger,

(b) Address 5254 Beacon Ave.

17. (a) Burial (b) Date thereof 9/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____

(b) Address 2117 E. Grand Blvd.

19. (a) SEP 5 1940 (b) _____
(Date received local authority) (Signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Rudolph A. Abel (M. D. or other) _____

Address 4929 Union Blvd Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-3
4929 N. W. Avenue

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 *Frank A. Moore*
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.