

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(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 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME Joseph Adelsberger

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Elizabeth Nee Scheickardt 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 24 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 11 29 hr. min.

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

10. Usual occupation Retired shoe worker

11. Industry or business International shoe co.

12. Name Frank Adelsberger

13. Birthplace Waterloo Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Charity

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

16. (a) Informant Stephen Adelsberger

(b) Address 5254 Beacon

17. (a) Burial (b) Date thereof 10-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. G. Strick

(b) Address 2117 E. Grand

19. (a) OCT 25 1940 (b) J. B. Buckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5254 Beacon (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23
year 1940 hour 12 minute PM

21. I hereby certify that I attended the deceased from Oct 9, 1935, to Oct 23, 1940
that I last saw him alive on Oct 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 15 yrs

Due to Old Age

Due to Senility 15 yrs

Other conditions 97

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Underline the cause to which death should be charged statistically.

Of autopsy

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 Rudolph N. Abel (M. D. or other)

Address 4929 Division Blvd Date signed Oct 23/40

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. Hume

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.