S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10840
Registrar's No. 2700

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 75 yearseks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3618 Lafayette Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Adolph Fuld
3. (b) If veteran, name war none
3. (c) Social Security No. 500-16-0192
4. Sex male O
5. Color or race W.
6. (a) Single, widowed, married, divorced single O
6. (b) Name of husband or wife **********
6. (c) Age of husband or wife if alive ******** years
7. Birth date of deceased November 5, 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	7	hr. min.

9. Birthplace St. Louis Mo. O
(City, town, or county) (State or foreign country)
10. Usual occupation Sec'y
11. Industry or business Sales book
FATHER
12. Name Isaac Fuld
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Babette Pfeiffer
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant William Fuld
(b) Address 3618 Lafayette Ave
17. (a) Burial (b) Date thereof 3/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director [signature]
(b) Address 4356 Lindell Blvd
19. (a) MAR 14 1947 (b) J. F. Brenner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1947 hour 750 minute P. M.
21. I hereby certify that I attended the deceased from
Feb 24 1947 to Mar 12 1947
that I last saw him alive on Mar 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatic Hypertrophy Arterio-Sclerosis	Sev. yrs.

Major findings:
Of operations
Of autopsy as above

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 O
23. Signature D. D. Stahl (M. D. ~~coroner~~)
Address 462 N. Taylor Date signed 3/14/47

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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, fact should be so stated above.