

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 1351 Leringwell
(d) Length of stay: In hospital or institution 45 yrs.
In this community 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1351 Leringwell 9
(e) Citizen of foreign country? No/ (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME SAMUEL ADLER
(b) If veteran, name war
(c) Social Security No. No.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased (unk)

8. AGE: Years Months Days If less than one day
ab.72 hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster

11. Industry or business Fruit & Vegetable

MOTHER FATHER {
12. Name (unk) Adler
13. Birthplace Russia 6
14. Maiden name (unk)
15. Birthplace Russia 6

16. (a) Informant Albert Adler
(b) Address 5183 Cates

17. (a) Burial (b) Date thereof 4/18/48
(c) Place: burial or cremation Chesed Sholemeth
Berger Memorial

18. (a) Signature of funeral director J. F. Brodeur
(b) Address 4715 McPherson
19. (a) APR 17 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16
year 1948 hour 5 minutes 30 M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to
Other conditions
- (Include pregnancy within 3 months of death)

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

While at work? (Specify type of place)
Means of injury 3
23. Signature (M. D. or other)
Address Date signed 4/17/48

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

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 *James Audubon*
Licensed Embalmer No. *7529*
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.