

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27816**
Registrar's No. **7649**

FILED SEP 12 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St John Hop St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) 2218 Tower Grove | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | |

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|--|-------------|-----------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) ADOLPH ADLER | | | 4. DATE OF DEATH (Month) (Day) (Year) 9-2-49 | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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|--------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 10, 1862 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months 3 Days 13 | IF UNDER 1 WEEK Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer | 10b. KIND OF BUSINESS OR INDUSTRY Grocery | 11. BIRTHPLACE (State or foreign country) Austria | 12. CITIZEN OF WHAT COUNTRY? _____ |
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|---|--|---|
| 13a. FATHER'S NAME Beopold Adler | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Rose Adler |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Monroe Adler | ADDRESS 2218 Tower Grove |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis Heart disease ANTECEDENT CAUSES Arterio Sclerosis DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Unexploded shrapnel left lung | | INTERVAL BETWEEN ONSET AND DEATH few days |
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|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) m | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 99 |
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| | | |
|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4.5-50 |
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22. I hereby certify that I attended the deceased from **Aug 30**, 19**49**, to **9-2-49**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

| | | | |
|----------------------------------|------------------------------|---------------------------------------|--------------------------------|
| 23a. SIGNATURE Chowmiller | (Degree or title) MD. | 23b. ADDRESS 408 Humboldt Bldg | 23c. DATE SIGNED 9/3/49 |
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|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/5/49 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 3 | REGISTRAR'S SIGNATURE J. B. Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE Therman Rindshoff | ADDRESS 5211. Adams |
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.