WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31053

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 903

City St. Louis (No. 2833 Clara Ave. St. 7734 Ward)

File No. .....

Registered No. .....

2. FULL NAME John Adolf

(a) Residence, No. 2833 Clara Ave St. 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Adolf (Kaiser)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1860

7. AGE: YEARS 73 | MONTHS 2 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry Adolf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Kathrania Latener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Elizabeth Adolf 2833 Clara Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Friedens DATE: Sept. 9 1933

19. UNDERTAKER (ADDRESS): Math. Hermann and Son 2164 East Fair Av.

20. FILED SEP -7 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1933 to Sept 6, 1933

I last saw him alive on Sept 5, 1933. Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset: about 5 yrs.

51

57

97

Other contributory causes of importance:

arteriosclerosis — about 5 yrs.

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. F. Bergman, M. D.

(Address) 3720 Washington