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. #66

APR 27 1937

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 13606
Township Carondelet — Primary Registration District No. 6248B — Registered No. 66
City Jefferson Barracks (No. VETERAN ADMINISTRATION FACILITY St. Ward)

2. FULL NAME John N. ADOLPH
(a) Residence, No. 3500 Nebraska St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unyrs. knomos. wnds. How long in U. S., if of foreign birth? unyrs. knomos. wnds.

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 Mrs. May Adolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1878

7. AGE: Years 58 — Months 10 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
10. Date deceased last worked at this occupation (month and year) unavailable
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME John A. Adolph
14. BIRTHPLACE (CITY OR TOWN) Aldase Lorraine (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Joanna Schlichter
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT M. Schilling (ADDRESS) Clinical Clerk, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE February 14, 1937

19. UNDERTAKER C. Hoffmeister Und. & Livery Co (ADDRESS) 7614 So. Broadway, St. Louis, Mo.

20. FILED Feb. 11, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1937, to February 9, 1937
I last saw him alive on February 9, 1937. Death is said to have occurred on the date stated above, at 9:10 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic with nitrogen retention and edema	unkwn
131	
Other contributory causes of importance:	
Bronchopneumonia, right base	unkwn
Anemia, symptomatic	unkwn

Name of operation none Date of NO.
What test confirmed diagnosis? clin. manifestations, phy. exam. laboratory Was there an autopsy?

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?
If so, specify
(Signed) C. J. Hughes, M. D.
C. J. HUGHES, Chief Medical Officer.
(Address) Jefferson Barracks, Missouri.