

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

Do not use this space.

**JUN 12 1937**

1. PLACE OF DEATH  
County ..... Registration District No. **1003**

File No. **18349**  
Registered No. **4925**  
St. .... Ward)

Township ..... Primary Registration District No. ....  
City *City of St. Louis* (No. *St. Louis*)

2. FULL NAME *Annie J. Adler*

(a) Residence, No. *3418* St. *Meramec* Ward *24*  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. *to* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/10/37*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from *5/11* 19*37* attended deceased from *5/10/37* 19*37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 27<sup>th</sup> 1869*

I last saw h. *alive* on *5/10/37* (b) *37* Death is said to have occurred on the date stated above, at *4:45* p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*30* *67-* *9* *15*

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

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. *3 work*

*Cardiac Decompensation*

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

*Myocarditis chr.*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

*Arteriovascular renal dis.*

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

*Encarcerated Ventral (P.O)*

13. NAME *Wm. E. Adler*

*Hernia operation performed*

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

*Other contributory causes of importance:*

15. MAIDEN NAME *Louise Froehlich*

*Elephantiasis Both lower extremities.*

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

Name of operation *none* Date of .....

17. INFORMANT (ADDRESS) *3418 St. Meramec*

What test confirmed diagnosis? *Cl. pict.* Was there an autopsy? *no*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Paul* DATE *May 15<sup>th</sup> 1937*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

19. UNDERTAKER (ADDRESS) *Wm. Schumacher 3013 Meramec St.*

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

20. FILE **MAY 15 1937** *J. S. Pruesch Registrar*

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) *A. J. Jewell* M. D.  
(Address) *City of St. Louis*

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.

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