

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

194
 Do not use this space.

REC'D FEB 10 1939

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** or (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 14084

2. PRINT FULL NAME **Henry Adler**
 (a) Residence, No. **3303 a Wisconsin** **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ernststein Adler**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 24, 1850**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 **--** **10**
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Basket Maker**
 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**
 13. NAME **Henry Adler Sr.**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Jan 7 1939**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Schumacher Und. Co.**
3013 Meramec St.
 20. FILED **JAN 6 1939** **J. B. Bredak** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/3/39** 19...
 22. I HEREBY CERTIFY, That I attended deceased from **12/28/38** 19... to **1/3/39** 19...
 I last saw him alive on **1/3/39** 19... Death is said to have occurred on the date stated above, at **8.30 p**
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
bronchopneumonia
 Other contributory causes of importance:
arteriosclerosis
 Name of operation Date of
 What test confirmed diagnosis? 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) *[Signature]*, M. D.
 (Address) **City Hospital No. 1**

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.....

George Rumbault
working under my personal supervision.

Registered Apprentice No.....

George Rumbault
Signed.....

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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, above space should be left blank.