

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

Do not use this space.

34694

1. PLACE OF DEATH

County St. Louis
Township Camden
City St. Louis

Registration District No. 23

Primary Registration District No. 6248

File No. _____
Registered No. 332
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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

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 Fredricka

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Ill. Barber Supply
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Meisdorf
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Fredricka Kessling
(Address) 614 Roosevelt Place

15. FILED Oct. 8, 1938 L. C. Obrock, M.D.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1938

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Oct 6, 1938 that I last saw him alive on Oct 6, 1938, and that death occurred, on the date stated above, at 3:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
95B

CONTRIBUTORY Dehydration of Heart
(SECONDARY) (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED 101 W
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS R. W. Peters
(Signed) _____, M. D.
Oct 7, 1938 (Address) 601 Missouri Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Trinity Lutheran DATE OF BURIAL 10/9 1938
20. UNDERTAKER W. Hoffmann & Co. ADDRESS 7814 So. Perry

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.

Dr. Peter