

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.

NOV 10 1933

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

Do not use this space.
34507

1. PLACE OF DEATH

County..... Registration District No. 891
Township..... Primary Registration District No. 1003
City St. Louis (No. 4076 - Loenges Ave) St. Ward

File No.
Registered No. 8661
St. Ward

2. FULL NAME

(a) Residence, No. 4076 Loenges St. 2 Ward

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Deeken</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 - 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 2 yrs</u>	
	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) <u>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Caroline Deeken</u> (ADDRESS) <u>4076 Loenges Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New SS Peter Paul</u> DATE <u>Nov 7</u> 19 <u>33</u>		
19. UNDERTAKER <u>Wacker, Belderle</u> (ADDRESS) <u>2331 2nd Broadway</u>		
20. FILED <u>5</u> 19 <u>33</u> 19 <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No phys. or attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 1 P. m.

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

Chr. interst. Hepat.
131 Arterio-sclerosis
97 Other contributory causes of importance: 131

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.....

(Signature) Margaret Blum
(Address) Dep. Foreman

1. The following information was obtained from a confidential source on 10/10/68:

2. The source has advised that the following information was obtained from a confidential source on 10/10/68:

3. The source has advised that the following information was obtained from a confidential source on 10/10/68:

4. The source has advised that the following information was obtained from a confidential source on 10/10/68: