

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.

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

Do not use this space.

DEC 4 1936

38887 ✓

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City St. Louis (No. Villa Sean)
Paden Station

File No. _____
Registered No. 204
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Riverman Drive St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1886
7. AGE YEARS 50 MONTHS 1 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) German town (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Wm. Bettels

14. BIRTHPLACE (CITY OR TOWN) Europe (STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Hoile

16. BIRTHPLACE (CITY OR TOWN) German town (STATE OR COUNTRY) Mo.

17. INFORMANT Dr. M. Honoria (ADDRESS) Villa Sean

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Sean DATE 10-19 1936

19. UNDERTAKER Fendler (ADDRESS) 7420 Michigan ave

20. FILED Oct 17 1936 WA Zlitcher Registrar. Ed. L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, to 10-16-36, 19____. Last saw him alive on 10-16-36, 19____. Death is said to have occurred on the date stated above, at 9 a m.

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

Cerebral Hemorrhage
rt
Hemiplegia involving
all of left side
Date of onset 7-16-35

Other contributory causes of importance: none

Name of operation leuc Date of _____
What test confirmed diagnosis? exam Was there an autopsy? No

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? No
If so, specify _____

(Signed) Robert A. Denk, M. D.
(Address) 5388 1/2 Main St

