

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

29198
Do not use this space.

1. PLACE OF DEATH SEP 10 1937
 (a) County 2 Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4929 Lisette Str.,** Registered No. **7831**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Phillip Daum**
 (a) Residence, No. **4929 Lisette Str.,** St. **2** (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 (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12, 1864**

7. AGE YEARS **73** MONTHS **3** DAYS **6** If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Germany**

FATHER
 13. NAME **George Daum**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER
 15. MAIDEN NAME **Sophia Kreichbaum**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Christina Urchel**
4929 Lisette

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New St. Marcus** DATE **8-21-37** 19.

19. FUNERAL DIRECTOR **Oscar J. Hoffmeister**
 (ADDRESS) **4016 Chippewa Str.,**

20. FILER **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 18** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 10** 19**37**, to **Aug 18** 19**37**
 I last saw him alive on **Aug 17** 19**37** Death is said to have occurred on the date stated above, at **1937** m.
 The principal cause of death and related causes of importance were as follows:
Acute Poisoning Date of onset **Aug 15, 1937**
Chronic Int Nephritis ?
 Other contributory causes of importance
 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? **no**
 If so, specify **Hasabulumium**, M. D.
 (Signed) **Hasabulumium** (Address) **6811 Garrison Ave**

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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STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leubinger, Licensed Embalmer No. 3888
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edwin H. Leubinger
..... L. E.
No. 3888 or by Registered Apprentice No.
working under my personal supervision.

Signed Edwin H. Leubinger
Licensed Embalmer No. 3888

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.)