

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

32476

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St Louis
(d) Street No. 3817 Utah Place
(e) Length of residence in city or town where death occurred 71 yrs. 12 mos. 18 ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791

Primary Registration District No. 1003

Registered No. 8530

2. PRINT FULL NAME

(a) Residence, No. 3817 Utah Place St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Martin Papik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1865

7. AGE YEARS 72 MONTHS 10 DAYS 11 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
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) St Louis Mo/

13. NAME August Gernhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Christian Drew

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Martin Papik
3817 Utah Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mathews DATE Sept 11 1937

19. FUNERAL DIRECTOR Provoost Und. Co
(ADDRESS) 3710 N Grand Bly.

20. FILED SEP 10 1937 Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25 1937 to Sept 8 1937
I last saw him alive on Sept 8 1937 Death is said to have occurred on the date stated above, at 10.10 P.M.
The principal cause of death and related causes of importance were as follows:

Sarcoma in left
inguinal region
Cause undetermined

Date of onset about
3/1/36

Other contributory causes of importance:

Name of operation Amputation Date of.....
What test confirmed diagnosis? Microscopic 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) Paul R. Kugelmann M. D.
(Address) 3507 Potomac St

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

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.)